Kumar
08/659098


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=> fil reg

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=> e "h+/k+"/cn 5

E1            1     H+-TRANSPORTING ATP SYNTHASE, SUBUNIT I (ATPI) (ARCHAE
                    OGLOBUS FULGIDUS GENE AF1159)/CN
E2            1     H+-TRANSPORTING ATP SYNTHASE, SUBUNIT K (ATPK-1) (ARCH
                    AEOGLOBUS FULGIDUS GENE AF1160)/CN
E3            0 --> H+/K+/CN
E4            1     H+/K+-ATPASE .BETA.-SUBUNIT (CHICKEN STOMACH)/CN
E5            1     H+H/CN

=> s e4

L1            1 "H+/K+-ATPASE .BETA.-SUBUNIT (CHICKEN STOMACH)"/CN

=> fil caplu

FILE 'CAPLUS' ENTERED AT 13:29:47 ON 23 OCT 1998
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                      Searcher  :  Shears   308-4994
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FILE COVERS 1967 - 23 Oct 1998 VOL 129 ISS 17
FILE LAST UPDATED: 23 Oct 1998 (981023/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

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=> d que

L1 1 SEA FILE=REGISTRY ABB=ON PLU=ON "H+/K+-ATPASE .BETA.-SUBUNIT (CHICKEN STOMACH)"/CN
L5 1252 SEA FILE=CAPLUS ABB=ON PLU=ON L1 OR ("H+"(W)"K+")(S)ATPASE
L6 626 SEA FILE=CAPLUS ABB=ON PLU=ON L5(S)INHIBIT?
L7 177 SEA FILE=CAPLUS ABB=ON PLU=ON L6 AND (TREAT? OR THERAP?)
L9 1 SEA FILE=CAPLUS ABB=ON PLU=ON L7 AND (VIR?(S)INFECT? OR ANTIVIR? OR ANTI VIR?)

=> d .bevstr

L9 ANSWER 1 OF 1 CAPLUS COPYRIGHT 1998 ACS
AN 1996:155490 CAPLUS
DN 124:202255
TI Preparation of sulfur-containing heterocyclic (**H+/K+**) **ATPase inhibitors** as **antiviral** agents
IN Moormann, Alan E.; Becker, Daniel P.; Flynn, Daniel L.; Li, Hui; Villamil, Clara I.
PA G. D. Searle and Co., USA
SO PCT Int. Appl., 212 pp.
CODEN: PIXXD2
PI WO 9529897 A1 19951109
DS W: AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV, MD, MG, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TT
RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, DE, DK, ES, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG
AI WO 95-US5021 19950501
PRAI US 94-235619 19940429
DT Patent
LA English
OS MARPAT 124:202255

Searcher : Shears 308-4994

AB The title compds., which are (**H+/K+**) **ATPase inhibitors**, useful for the **treatment** of **viral infections**, are prepd. and formulations contg. them are claimed. Thus, 2-[(1H-benzimidazol-2-yl)sulfinylmethyl]-N,N-dimethylbenzenamine, m.p. 107-109.degree., was prepd. and demonstrated a (H+/K+) ATPase IC50 of 0.7 .mu.M.

=> d his l10; d 1-3 bib abs

(FILE 'USPATFULL' ENTERED AT 13:34:46 ON 23 OCT 1998)
L10 3 S L9

L10 ANSWER 1 OF 3 USPATFULL
AN 94:110681 USPATFULL
TI Protection of moist stratified squamous epithelia against damage from noxious luminal agents
IN Orlando, Roy C., Chapel Hill, NC, United States
Tobey, Nelia A., Raleigh, NC, United States
PA University of North Carolina at Chapel Hill, Chapel Hill, NC, United States (U.S. corporation)
PI US 5374537 941220
AI US 92-983089 921124 (7)
RLI Division of Ser. No. US 89-452393, filed on 19 Dec 1989, now patented, Pat. No. US 5189056
DT Utility
EXNAM Primary Examiner: Wityshyn, Michael G.; Assistant Examiner: Leary, L. N.
LREP Cushman, Darby & Cushman
CLMN Number of Claims: 4
ECL Exemplary Claim: 1
DRWN 23 Drawing Figure(s); 17 Drawing Page(s)
LN.CNT 963
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention is related to the protection of moist stratified squamous epithelia against damage from exposure to noxious luminal agents. Protection of moist stratified squamous epithelia against these noxious luminal agents is afforded by chemical compounds having one of the following reactive groups in their molecule: X--SO.sub.3.sup.-, where X represents oxygen or carbon, and XO.sub.4.sup.= or X.sub.2 O.sub.7.sup.=, where X represents an element from group VIb or sulfur of group VIa of the periodic table. Compounds that provide protection against injury to moist stratified squamous epithelia that illustrate the protective characteristic of these reactive species are the sulfonates, the sulfate esters and the tetrahedral-shaped divalent

oxy-anions of the transition metals in group VIb or of sulfur. The reason for protection by these compounds is that they stabilize the intercellular junctions of moist stratified squamous epithelia so as to prevent the increase in permeability across the junctions that normally accompanies exposure to noxious luminal agents like HCl or N-acetylcysteine.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L10 ANSWER 2 OF 3 USPATFULL
AN 93:14586 USPATFULL
TI Protection of moist stratified squamous epithelia against damage from noxious luminal agents
IN Orlando, Roy C., Chapel Hill, NC, United States
Tobey, Nelia A., Raleigh, NC, United States
PA University of North Carolina at Chapel Hill, Chapel Hill, NC, United States (U.S. corporation)
PI US 5189056 930223
AI US 89-452393 891219 (7)
DT Utility
EXNAM Primary Examiner: Schenkman, Leonard
LREP Cushman, Darby & Cushman
CLMN Number of Claims: 5
ECL Exemplary Claim: 1
DRWN 15 Drawing Figure(s); 17 Drawing Page(s)
LN.CNT 980
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention is related to the protection of moist stratified squamous epithelia against damage from exposure to noxious luminal agents. Protection of moist stratified squamous epithelia against these noxious luminal agents is afforded by chemical compounds having one of the following reactive groups in their molecule: X--SO.sub.3.sup.-, where X represents oxygen or carbon, and XO.sub.4.sup.= or X.sub.2 O.sub.7.sup.=, where X represents an element from group VIb or sulfur of group VIa of the periodic table. Compounds that provide protection against injury to moist stratified squamous epithelia that illustrate the protective characteristic of these reactive species are the sulfonates, the sulfate esters and the tetrahedral-shaped divalent oxy-anions of the transition metals in group VIb or of sulfur. The reason for protection by these compounds is that they stabilize the intercellular junctions of moist stratified squamous epithelia so as to prevent the increase in permeability across the junctions that normally accompanies exposure to noxious luminal agents like HCl or N-acetylcysteine.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L10 ANSWER 3 OF 3 USPATFULL

AN 91:102238 USPATFULL
TI Bioactive metabolites from cribrochalina vasculum
IN Gunasekera, Sarath P., Vero Beach, FL, United States
Faircloth, Glynn T., Ft. Pierce, FL, United States
Wright, Amy E., Ft. Pierce, FL, United States
Thompson, Winnie C., Vero Beach, FL, United States
Burres, Neal, Highland Park, IL, United States
PA Harbor Branch Oceanographic Institution, Inc., Fort Pierce, FL, United States (U.S. corporation)
PI US 5073572 911217
AI US 90-481475 900216 (7)
DT Utility
EXNAM Primary Examiner: Evans, J. E.
LREP Saliwanchik & Saliwanchik
CLMN Number of Claims: 21
ECL Exemplary Claim: 1,7,15
DRWN No Drawings
LN.CNT 501
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel acetylenic alcohols were isolated from the known marine sponge Cribrochalina vasculum. These compounds, and derivatives thereof, are useful agents for the **treatment** of cancers of humans and animals. Also, these compounds and their derivatives can be used as immunosuppressive agents for humans and animals.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

=> d his l11-; d 1-30 bib abs

(FILE 'BIOSIS, MEDLINE, EMBASE, LIFESCI, BIOTECHDS, WPIDS, CONFSCI, DISSABS, SCISEARCH, JICST-EPLUS, PROMT, DRUGU, DRUGNL, DRUGLAUNCH, DRUGB, TOXLIT, TOXLINE' ENTERED AT 13:36:17 ON 23 OCT 1998)
L11 30 S L9
L12 30 DUP REM L11 (0 DUPLICATES REMOVED)

L12 ANSWER 1 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 98-26380 DRUGU M T
TI Effects of Helicobacter pylori eradication on gastric function indices in functional dyspepsia.
AU Parente F; Imbesi V; Maconi C; Cucino C; Manzionna G; Vago L; Bianchi Porro G
CS Univ.Milan
LO Milan, It.
SO Scand.J.Gastroenterol. (33, No. 5, 461-67, 1998) 2 Fig. 2 Tab. 28 Ref.
CODEN: SJGRA4 ISSN: 0036-5521
Searcher : Shears 308-4994

AV Dept. of Gastroenterology, L. Sacco University Hospital, Via G. B. Grassi 74, I-20157 Milan, Italy. (G.B.P.).
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 98-26380 DRUGU M T
AB The aim of the random study was to investigate whether cure of Helicobacter pylori infection with omeprazole plus clarithromycin and tinidazole or full-dose ranitidine influenced gastric emptying of solids, acid secretion, and gastrin and pepsinogen I release in 38 patients with functional dyspepsia (FD). The results show that in patients with FD H. pylori eradication in the long run reduces gastrin and pepsinogen I release as a result of improvement in the underlying antral gastritis, but this is not associated with modifications of gastric emptying of solids or acid secretion.
ABEX Methods 38 Consecutive H. pylori-positive patients with FD, whose complaints were scored for severity and frequency on the basis of a validated symptom questionnaire, were randomized to an eradicating regimen consisting of omeprazole plus clarithromycin and tinidazole for 1 wk or full-dose ranitidine for 3 wk. In 33 patients (18 H. pylori-cured and 15 persistent **infection**) basal and pentagastrin-stimulated acid secretion, fasting and meal-induced gastrin concentrations, fasting serum pepsinogen I levels, and gastric emptying of solids were assessed before and 6 mth after **therapy**. Results In the 18 H. pylori-cured patients meal-induced gastrin and fasting pepsinogen I levels were decreased after 6 mth as compared to pretreatment values (peak serum gastrin 76.0 vs. 111.9 pg/ml: pepsinogen I 23.4 vs. 72.9 ng/mg) whereas these levels remained **virtually** unaltered in the 15 patients with persistent **infection**. Conversely, both basal and stimulated acid secretion and gastric emptying time of solids remained unaltered over time in both groups. (KS)

L12 ANSWER 2 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 98-07791 DRUGU T S E
TI Marijuana for intractable hiccups.
AU Gilson I; Busalacchi M
LO Milwaukee, Wis., USA
SO Lancet (351, No. 9098, 267, 1998) 4 Ref.
CODEN: LANCAO ISSN: 0140-6736
AV Aurora Medical Group, Milwaukee, WI 53212, U.S.A.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 98-07791 DRUGU T S E
AB The case-history is reported of a patient with AIDS receiving

indinavir who developed intractable hiccups after surgery involving i.v. midazolam and dexamethasone. Smoking marijuana (MA) eradicated the hiccups. Despite Federal policy forbidding the **therapeutic** use of MA, the Authors suggest it may help intractable hiccups.

ABEX A patient receiving indinavir for AIDS with a history of esophageal candidiasis underwent minor ambulatory surgery, receiving i.v. midazolam and dexamethasone perioperatively. Next day he developed persistent hiccups, controlled only during sleep by chlorpromazine and for 1 hr by glabellar acupuncture, and unaffected by p.o. nifedipine, valproate, lansoprazole, i.v. lidocaine, removal of a hair from the tympanic membrane, or marcaine irrigation of the external auditory meatus. On day 8 he smoked MA for the first time; hiccups stopped but recurred on day 9; on day 10 he again smoked MA and hiccups stopped and did not recur. On day 14 he was found to have fluconazole-resistant esophageal candidiasis, **treated** with p.o. itraconazole and p.o. amphotericin B. (YC)

L12 ANSWER 3 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 98-28321 DRUGU T S
TI Omeprazole: weaning syndrome?
AU Mathieu P; Levasseur G; Penfornis C; Allain H
LO Rennes, Fr.
SO Therapie (53, No. 2, 191, 1998)
CODEN: THERAP ISSN: 0040-5957
AV Centre de Pharmacovigilance, CHU Pontchaillou, 2 rue Henri Le Guillou, 35033 Rennes Cedex 9, France.
LA French
DT Journal
FA AB; LA; CT
FS Literature
AN 98-28321 DRUGU T S
AB A case of omeprazole-dependence in an HIV-positive patient is reported. He received omeprazole to **treat** a gastric ulcer associated with a CMV infection. Some time later, the patient began a tri-**therapy** regime of Retrovir, Epivir and Crixivan. As his general state improved, the omeprazole was discontinued, whereupon the patient began almost immediately to complain of epigastric pain. He could not tolerate food, and lost weight rapidly. Abdominal scans were normal. Reintroduction of omeprazole resolved the symptoms, and allowed normal feeding. Subsequent attempts to stop **treatment** with omeprazole induced the same response. It was considered probable that the symptoms were omeprazole-dependent. (conference abstract).

ABEX A 39-yr-old man who was HIV positive received omeprazole to **treat** a gastric ulcer associated with a CMV infection. After 7 mth of omeprazole **therapy**, the patient began a tri-**therapy** regime associating Retrovir, Epivir and

Crixivan. As his general state improved, the omeprazole was discontinued after a further 16 mth, whereupon the patient began almost immediately to complain of significant epigastric pain. He could not tolerate food, and lost weight rapidly. Abdominal scans were normal; anomalies were not observed even during periods of pain. Reintroduction of omeprazole resolved the symptoms, and allowed normal feeding. Subsequent attempts to stop **treatment** with omeprazole induced the same response. As no other cause could be found, it was considered probable that the symptoms were omeprazole-dependent. (NLV) Omeprazole: un syndrome de sevrage?

L12 ANSWER 4 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 98-15994 DRUGU T M
TI Effects of H. pylori eradication on gastric function indices in functional dyspepsia (FD). A prospective controlled study.
AU Parente F; Cucino C; Imbesi V; Maconi G; Bianchi Porro G
LO Milan, It.
SO Gut (42, Suppl. 1, A5, 1998)
CODEN: GUTTAK ISSN: 0017-5749
AV Gastrointestinal Unit, Sacco University Hospital, Milan, Italy.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 98-15994 DRUGU T M
AB The aims of this study were to investigate whether in the long term, cure of Helicobacter pylori (Hp) infection significantly influences gastric emptying of solids, basal and pentagastrin-stimulated acid secretion, gastrin and pepsinogen I (PGI) release in patients with functional dysplasia (FD). 38 Patients were randomized to receive eradication **therapy** with omeprazole, clarithromycin and tinidazole for 1 wk or ranitidine monotherapy for 3 wk. It was confirmed that in patients with FD, Hp eradication significantly reduces in the long term gastrin and PGI release as a result of improvement in the underlying antral gastritis, but this is not accompanied by modifications of gastric emptying of solids or acid secretion. (conference abstract).
ABEX 38 Consecutive Hp-positive (gastric histopathology and 13C-UBT) patients with FD, whose complaints were scored for severity and frequency according to a validated symptom questionnaire, were enrolled in the study. They were randomized to receive an eradicating regimen consisting of omeprazole 40 mg, clarithromycin 1 g and tinidazole 1 g a day for 1 wk or ranitidine 300 mg/die for 3 wk. In all subjects, basal and pentagastrin-stimulated acid secretion, fasting and meal-induced gastrin concentrations, fasting serum PGI levels and gastric emptying of solids were determined before and 6 mth after **therapy**. Hp status was checked 6

and 12 wk after stopping **therapy** using 13C-UBT. In the 18 Hp-cured patients meal-induced gastrin and fasting PGI levels significantly decreased after 6 mth as compared to pre-**treatment** values (peak serum gastrin: 76.0 vs. 111.9; PGI: 57.1 vs. 72.9 ng/ml), whereas they remained **virtually** unchanged in the 20 patients with persistent **infection**. In contrast, basal and stimulated acid secretion as well as gastric emptying time of solids remained unmodified over time in both groups of patients. (E54/RSV)

L12 ANSWER 5 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-26864 DRUGU M T
TI Healing of duodenal ulcer after eradication of Helicobacter heilmannii.
AU Goddard A F; Logan R P H; Atherton J C; Jenkins D; Spiller R C
LO Nottingham, U.K.
SO Lancet (349, No. 9068, 1815-16, 1997) 1 Fig. 5 Ref.
CODEN: LANCAO ISSN: 0140-6736
AV Department of Medicine, Division of Gastroenterology, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, England.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 97-26864 DRUGU M T
AB A case is reported of successful healing of duodenal ulcer after eradication of Helicobacter Heilmannii. The drugs used were omeprazole, clarithromycin and metronidazole (ineffective) and omeprazole, de-nol and tetracycline, following which there was good relief of symptoms.
ABEX A 47-yr-old man was referred with a 6-mth history of epigastric pain. On endoscopy, florid hemorrhagic erosive duodenitis with small duodenal ulcers were observed. Biopsy samples showed atrophic gastritis, intestinal metaplasia and large mucosal-associated spiral bacteria morphologically identical to H heilmannii. He was then given omeprazole 20 mg b.i.d., clarithromycin 250 mg, and metronidazole 400 mg for 1 wk, but this had no effect on his symptoms. He was then **treated** with omeprazole 10 mg b.i.d., De-Nol 120 mg q.i.d., tetracycline 500 mg q.i.d., and metronidazole 400 mg t.i.d. for 2 wk. This **treatment** resulted in good relief of symptoms. 10 Wk later, endoscopy was normal, CLO rests from the antrum and corpus were both negative, and histology showed no evidence of H heilmannii. 6 Mth later he remained well. (LAJ)

L12 ANSWER 6 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-45793 DRUGU T S
TI Heartburn without oesophagitis: efficacy of omeprazole **therapy** and features determining **therapeutic**

response.

AU Lind T; Havelund T; Carlsson R; Anker-Hansen O; Glise H; Hernqvist H; Junghard O; Lauritsen K; Lundell L; Pedersen S A; Stubberod A

CS Astra-Haessle; Univ.Gothenberg

LO Gothenberg, Trollhattan, Molndal; Varnamo, Swed.; Odense, Den.

SO Scand.J.Gastroenterol. (32, No. 10, 974-79, 1997) 3 Fig. 3 Tab. 29 Ref.

CODEN: SJGRA4 ISSN: 0036-5521

AV Department of Medical Gastroenterology, Odense University Hospital, DK-5000 Odense, Denmark. (T.H.).

LA English

DT Journal

FA AB; LA; CT

FS Literature

AN 97-45793 DRUGU T S

AB Omeprazole (OM) at 20 and 10 mg once-daily provided rapid relief of heartburn in a randomized, double-blind, placebo-controlled trial of 509 patients without endoscopic esophagitis. The higher dose of OM was more effective than the lower dose. The type and frequency of adverse events occurred was essentially similar in all 3 groups, with GI tract symptoms, headache and respiratory infection being the most common. Patients were permitted free access to antacid tablets.

ABEX Methods Of 509 patients with heartburn without endoscopic esophagitis, 205 (66 male, mean age 50 yr) received OM at 20 mg once-daily, 199 (89 male, mean age 49 yr) received OM at 10 mg once-daily and 105 (51 male, mean age 51 yr) received placebo for 4 wk. Patients were given open access to antacid tablets (acid-binding capacity 12.5 mmol H+) if required. Patients who did not respond after 4 wk were given open **treatment** with OM at 20 mg once-daily for a further 4 wk. Results At 4 wk, the proportion of patients with complete absence of heartburn was 46% with the higher dose of OM, 31% with the lower dose of OM and 13% with placebo. Satisfaction with **therapy** was reported by 66%, 57% and 31% of patients, respectively. Of the patients received open **treatment** with OM at 20 mg once-daily, more than 85% subsequently had resolution of heartburn at the end of **treatment**. Among 451 patients who completed a 24-hr pH monitoring study, 63% had increased esophageal acid exposure. 3 Factors were associated with increased levels of esophageal acid exposure: higher age, male gender and greater frequency of heartburn episodes. A lower body mass index (less than 24 kg/sq.mm) was associated with a significantly lower level of esophageal acid exposure. (E61/MB)

L12 ANSWER 7 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD

AN 97-45792 DRUGU T S

TI Omeprazole 10 milligrams once daily, omeprazole 20 milligrams once daily, or ranitidine 150 milligrams twice daily, evaluated as

initial **therapy** for the relief of symptoms of gastro-oesophageal reflux disease in General Practice.

AU Venables T L; Newland R D; Patel A C; Hole J; Wilcock C; Turbitt M L

CS Astra

LO Nottingham, Sutton Coldfield, Trowbridge; Kings Langley, U.K.

SO Scand.J.Gastroenterol. (32, No. 10, 965-73, 1997) 6 Fig. 2 Tab. 17 Ref.

CODEN: SJGRA4 ISSN: 0036-5521

AV The Surgery, St. Wilfred Square, Calverton, Nottingham NG14 6FP, England.

LA English

DT Journal

FA AB; LA; CT

FS Literature

AN 97-45792 DRUGU T S

AB P.o. omeprazole (OM) at 20 mg once-daily was more effective than p.o. OM at 10 mg once-daily or p.o. ranitidine (RT) at 150 mg b.i.d. at relieving the symptoms of gastroesophageal reflux disease (GERD) in a randomized, double-blind trial of 994 patients. Adverse events occurred with a similar incidence in all groups and included headache, diarrhea, respiratory infection, pharyngitis, flatulence, abdominal pain, nausea, constipation, dizziness/vertigo, rhinitis, vomiting, coughing, flu-like symptoms, pain, dry mouth and tooth disorder. It is concluded that OM at 20 mg once-daily is the most effective initial **therapy** for the relief of GERD symptoms.

ABEX Methods Of 994 patients with GERD, 330 (52% male, mean age 51 yr) received p.o. OM at 20 mg once-daily, 338 (49% male, mean age 51 yr) received p.o. OM at 10 mg once-daily and 326 (50% male, mean age 50 yr) received p.o. RT at 150 mg b.i.d. for 4 wk. Results Symptom relief after 4 wk was achieved by 61%, 49% and 40% of patients receiving OM at 20 mg once-daily, OM at 10 mg once-daily and RT, respectively. Among the 32% of patients with erosive reflux esophagitis, symptom relief was achieved in 79%, 48% and 33%, respectively. Patients presenting with moderate-severe heartburn were more likely to achieve relief with the higher dose of OM (59%) or with the lower dose (52%) than with RT (38%). At 4 wk, relief of heartburn was obtained in 55% of patients on the higher dose of OM, 43% on the lower dose and in 29% on RT. More patients on the higher dose of OM had relief from regurgitation than those on RT (73% vs. 64%). Adverse events occurred in 433 patients: 132 on OM at 20 mg once-daily, 148 on OM at 10 mg once-daily and in 153 on RT. The profile of the most common adverse events was similar in all 3 groups and included headache (5.2-6.5%), diarrhea (3.7-5.3%), respiratory infection (4.3-5.0%) and pharyngitis (3.6-4.6%). (E61/MB)

AN 97-28031 DRUGU T M S
TI Doubling the omeprazole dose (40 mg b.d. vs. 20 mg b.d.) in dual **therapy** with amoxycillin increases the cure rate of Helicobacter pylori infection in duodenal ulcer patients.
AU Labenz J; Beker J A; Dekkers C P M; Farley A; Kloer H U; Joensson A
CS Univ.Giessen; Astra-Haessle
LO Leidschendam; Breda, Neth., Essen; Giessen, Ger., Montreal, Que., Cannglish
SO Aliment.Pharmacol.Ther. (11, No. 3, 515-22, 1997) 3 Fig. 4 Tab. 36 Ref.
CODEN: APTHEN ISSN: 0269-2813
AV Elisabeth Hospital, Moltkestrasse 61, D-45138 Essen, Germany.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 97-28031 DRUGU T M S
AB Dual p.o. **therapy** with omeprazole (OM) at 40 mg b.i.d. + amoxicillin (AM) was more effective than OM at 20 mg b.i.d. + AM at curing Helicobacter pylori (HP) infection in a randomized, double-blind, trial study of 381 patients with duodenal ulcers. Side-effects included chills, melena, mononucleosis infection + allergic reaction, diarrhea and headache.
ABEX Methods Of 381 patients with duodenal ulcers associated with HP infection, 175 (122 male, mean age 49 yr) received p.o. OM at 20 mg b.i.d. and 170 (102 male, mean age 49 yr) received p.o. OM at 40 mg b.i.d., each with p.o. AM at 750 mg b.i.d. for 2 wk. Results 345/381 Patients were evaluable. HP infection was cured in 64/174 patients **treated** with the lower dose of OM and in 102/171 **treated** with the higher dose (37% vs. 60%). Both regimens were well tolerated, with adverse events being reported by 15.2 and 18.7% of patients **treated** with OM at 20 and 40 mg b.i.d., respectively. 3 Patients had serious adverse events (chills, melena, mononucleosis infection + allergic reaction). The most frequent adverse events were diarrhea (23 patients) and headache (7 patients). There were small clinically insignificant decreases in both groups in Hb, WBC counts and bilirubin levels. (E61/MB)

L12 ANSWER 9 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-17825 DRUGU T S
TI Lansoprazole 15 and 30 mg daily in maintaining healing and symptom relief in patients with reflux oesophagitis.
AU Hatlebank J G; Berstad A
CS Univ.Bergen
LO Bergen, Nor.
SO Aliment.Pharmacol.Ther. (11, No. 2, 365-72, 1997) 2 Fig. 4 Tab. 21 Ref.
CODEN: APTHEN ISSN: 0269-2813
AV Medical Department A, Haukeland Sykehus, University of Bergen,

N-5021 Bergen, Norway.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 97-17825 DRUGU T S
AB The effect of lansoprazole 15 and 30 mg daily on maintaining endoscopic healing and symptom relief in 103 patients with moderate reflux esophagitis, in a randomized, double-blind clinical trial. No statistically significant differences were found in endoscopic relapse rate or occurrence of adverse events, while lansoprazole 30 mg proved superior to 15 mg in maintaining patients in symptomatic relief and combined endoscopic and symptomatic remission. The most common adverse events were **viral infections**, including acute rhinitis, diarrhea and gastroenteritis. No events were classified as probably or definitely related to the use of the drug. 1 Patient in the 15 mg group requested withdrawal due to transient diplopia, which was considered to be possibly drug-related.
ABEX Methods In a single-centre, double-blind randomized clinical trial, 103 patients (aged 18-80 yr) with grade 1 or 2 refux oesophagitis who were endoscopically healed and asymptomatic after lansoprazole (30 mg/day) for 12 wk, were randomized to maintenance **therapy** with either lansoprazole 15 mg or 30 mg o.m.
Results After 12 mth, 14/50 patients (28 %) receiving lansoprazole 15 mg/day had suffered an endoscopic relapse compared to 8/53 patients (15%) **treated** with lansoprazole 30 mg daily. A life table analysis showed no difference between the 2 groups. Significantly more patients were kept in complete symptomatic remission in the 30 mg group. In the 15 mg group, 23/50 (46%) had suffered either an endoscopic or symptomatic relapse on completion of the study, compared to 12/53 (23%) in the 30 mg group. Lansoprazole 15 and 30 mg daily were equally well tolerated. Adverse events, were experienced by 82 patients, 76% of patients receiving lansoprazole 15 mg, compared with 83 % of patients receiving lanso prazole 30 mg. The most common adverse events were **viral infections**, including acute rhinitis (20 patients), diarrhea (9 patients), and gastroenteritis (7 patients), the frequency of which were not significantly different in the 2 **treatment** arms. No events were classified as probably or definitely related to the use of the drug. 1 Patient in the 15 mg group requested withdrawal due to transient diplopia, which was considered to be possibly drug-related. (KJM)

L12 ANSWER 10 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-29831 DRUGU M T
TI Regression of mucosa-associated lymphoid-tissue lymphoma of rectum after eradication of Helicobacter pylori.
AU Matsumoto T; Lida M; Shimizu M

CS Kawasaki-Med.Sch.
LO Okayama, Jap.
SO Lancet (350, No. 9071, 115-16, 1997) 1 Fig. 5 Ref.
CODEN: LANCAO ISSN: 0140-6736
AV Division of Gastroenterology, Department of Medicine, Kawasaki Medical School, Matsushima 577, Kurashiki-City, Okayama 701-01, Japan.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 97-29831 DRUGU M T
AB A case of rectal mucosa-associated lymphoid tissue (MALT) lymphoma which regressed after eradication of Helicobacter pylori with omeprazole, amoxicillin and clarithromycin is reported in an elderly woman. Eradication of H. pylori was confirmed after 14 days **treatment**, and regression of tumor was confirmed 21 days, and 7 and 12 wk after **treatment**.
ABEX A 72-yr-old woman presented with rectal bleeding and was diagnosed with a broad based protrusion in the rectum. Biopsy showed diffuse infiltration of centrocyte-like cells with lamina propria and lymphoepithelial lesions. Endoscopy showed chronic gastritis with lymphoid follicles but without infiltration of lymphoma cells. The patient was given a 14-day course of omeprazole, amoxycillin, and clarithromycin, which successfully eradicated H. pylori. Proctoscopy 21 days after the end of **treatment** showed regression of the rectal tumor, which was confirmed 7 and 12 wk after **treatment**. (JLH)

L12 ANSWER 11 OF 30 PROMT COPYRIGHT 1998 IAC

AN 97:204562 PROMT
TI From cancer to depression: drug review of the year
SO Manufacturing Chemist, (Mar 1997) pp. 21.
ISSN: 0262-4230.
LA English
WC 2112
FULL TEXT IS AVAILABLE IN THE ALL FORMAT
AB A survey of the new drugs introduced in 1996 indicates those **therapeutic** fields where research has been most intensive and successful and also reveals the increasing importance of degenerative diseases associated with an increasing life span. The new **antiviral** agents, most of which are used to **treat** HIV and AIDS, are penciclovir (Vectavir, 1, for Herpes simplex) lamivudine (Retrovir, 2), stavudine (Zerit), indinavir (Crixivan, 3), ritonavir (Norvir) and saquinavir (Invira,e, 4). The first three act as inhibitors of reverse transcriptase, and by competing with the normal nucleotide substrate, they block DNA elongation, and so prevent **viral** DNA synthesis and

viral replication. They differ in dose and frequency of application and should be used as soon as possible after **infection** has occurred.
The second group of three have much more complicated structures and a different mode of action, as they are inhibitors of HIV protease. This enzyme splits inert polyproteins with the formation of active proteins, and suppression of its action blocks the development of immature and non-**infectious virus** particles into the mature and **infective virus**. Although immature **virus** particles continue to be formed, they are unable to develop and **infect** other cells. By the nature of their action, these protease inhibitors should be given in association with inhibitors of DNA formation as combined **therapy** evokes the best response. These drugs mark a new approach to the **treatment** of **viral infections**, and other related drugs are already undergoing clinical trial.
Hypertension remains the most common of all cardiovascular disorders, and new drugs for its **treatment** are moexepril (Perdix), monoxidine (Physiotens, 5), valsartan (Diovan, 6) and nisoldipine (Syscor, 7). They differ chemically, and those differences are reflected in their differing modes of action. Moexepril is an angiotensin-converting enzyme inhibitor, a now widely used group of antihypertensive agents, and acts by inhibiting the conversion of inactive angiotensin I to active angiotensin II. The latter has a direct vasoconstrictive action on the smooth muscle of the cardiovascular system, particularly on the arterial vessels, and inhibition of its action leads to a reduction in blood pressure and cardiac load. Valsartan, on the other hand, acts at a later point as it is an angiotensin II receptor antagonist.
THIS IS AN EXCERPT: COPYRIGHT 1997 Miller Freeman plc. (UK)

L12 ANSWER 12 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 96-45030 DRUGU M T S
TI Omeprazole and clarithromycin with and without metronidazole for the eradication of Helicobacter pylori.
AU Chiba N
CS Univ.McMaster
LO Guelph; Hamilton, Ont., Can.
SO Am.J.Gastroenterol. (91, No. 10, 2139-43, 1996) 3 Tab. 26 Ref.
CODEN: AJGAAR ISSN: 0002-9270
AV Surrey GI Clinic, 105-21 Surrey St. W, Guelph, Ontario, Canada, N1H 3R3.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 96-45030 DRUGU M T S
AB In a randomized study, the efficacy and safety of p.o.

clarithromycin and omeprazole dual **therapy** was compared with or without the addition of metronidazole in 65 previously untreated patients infected with Helicobacter pylori. Diagnosis of inactive duodenal or gastric ulcer disease, and nonulcer dyspepsia were recorded. Adverse events included diarrhea, abdominal pain, perianal abscess, nausea, taste disturbance, gas/bloating, headaches, cramps, urine color change, tiredness, rectal itch, weight gain, restless sleep, constipation, vomiting, dizziness, backache, rash, pruritus, cold and cold sores. The study found that **therapy** with omeprazole, clarithromycin and metronidazole (OCM) eradicated H. pylori more effectively than omeprazole and clarithromycin (OC) **therapy**. Despite frequent minor adverse events, triple **therapy** was well tolerated with a high compliance.

ABEX Methods 65 Patients (male 35, aged 20-79 yr, mean age 53 yr) with H. pylori infection were randomized to receive omeprazole (20 mg b.i.d.) and clarithromycin (250 mg b.i.d.) for 2 wk or omeprazole (20 mg b.i.d.), clarithromycin (250 mg b.i.d.) and metronidazole (500 mg b.i.d.) for 2 wk. Results Of the 65 patients, 31 received OC and 34 received OCM. 2 Patients from the OC **treatment** arm withdrew from the study due to either severe side effects or protocol violation. In the OCM arm, 4 patients were withdrawn due to either refused follow-up examination or protocol violations not thought to be related to the study medications. OCM **therapy** was found to be better than OC **therapy** in intent-to-**treat** (82.4% vs. 58.1%, respectively) and per protocol analysis (93.3% vs. 62.1%, respectively). Although generally mild, adverse events were frequent (OC 61.3%; OCM 64.7% with at least 1 adverse event) and included taste disturbance, diarrhea, nausea, headaches, gas/bloating, loss of appetite, increased appetite, urine color change, cramps, abdominal pain, tiredness, rectal itch, weight gain, restless sleep, constipation, vomiting, dizziness, backache, rash, pruritus, cold and cold sores. The patient's compliance to medication was good. In the OC arm, 26 patients took all of their pills, 4 missed only 1 dose, and 1 stopped **therapy** after 4 days, for a mean of 97.2% of pills taken. With OCM, 29 took all pills, 2 missed 1 dose, and 3 took less than 80%, for a mean of 96.7% of pills taken. (ALT)

L12 ANSWER 13 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-15143 DRUGU M P
TI Example of active **therapeutic** drug monitoring: itraconazole.
AU Levron J C; Moing L; Chwetzoff E
CS Janssen-Cilag
LO Val de Reuil; Boulogne, Fr.
SO Therapie (51, No. 5, 502-06, 1996) 3 Fig. 1 Tab. 12 Ref.
CODEN: THERAP ISSN: 0040-5957

AV Janssen Research Foundation, Centre de Recherche Janssen-Cilag, Campus de Maigremont BP 615, 27106 Val de Reuil Cedex, France.
LA French
DT Journal
FA AB; LA; CT
FS Literature
AN 97-15143 DRUGU M P
AB Active drug monitoring during **treatment** with p.o. itraconazole (IT) gelules (Sporanox) revealed satisfactory steady-state residual plasma levels of the active fraction of IT (IT + hydroxy-IT) in the majority of 517 immunodepressed patients (leukemia, lymphoma, septic granulomatosis, mucoviscidosis, AIDS and organ transplant) with aspergillosis studied retrospectively. The remaining patients were at risk of insufficient active IT concentrations, necessitating dose adjustment. Concomitant **treatment** included Bactrim, amphotericin B, cyclosporin, prednisolone, aciclovir, ciprofloxacin, amikacin and vancomycin. Concomitant **treatment** with antacids (ranitidine and omeprazole) and, more markedly, rifampicin or carbamazepine reduced IT bioavailability.
ABEX Methods Drug monitoring was conducted by measurement of plasma levels of IT and hydroxy-IT (by HPLC) during **treatment** with IT gelules (200-600 mg/day p.o.) in 517 immunodepressed patients with aspergillosis at risk of poor bioavailability of IT. Underlying pathology included leukemia, lymphoma, septic granulomatosis, mucoviscidosis, AIDS and organ transplant. Most frequent concomitant **treatment** included Bactrim, amphotericin B, cyclosporin, prednisolone, aciclovir, ciprofloxacin, amikacin and vancomycin. Results The residual concentration of the active fraction of IT (IT + hydroxy-IT) in plasma at 24 hr after the last dose exceeded 1000 ng/ml in 56% of cases, and ranged from 500-1000 ng/ml in 16% and was below 500 ng/ml in 28%. About 50 patients on the 400 mg/day dose received concomitant antacid **treatment**, including ranitidine and omeprazole. 48% Of these patients had residual active fraction levels equal to or greater than the threshold dose for antifungal activity (800 ng/ml). Of 11 patients **treated** concomitantly with IT and rifampicin or carbamazepine, 3 had residual active fraction levels of IT of 800 ng/ml or greater but levels were undetectable (20 ng/ml) in 5 cases. (E27/RS)
Exemple de suivi **therapeutique** actif: l'itraconazole.

L12 ANSWER 14 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 96-09294 DRUGU M E S
TI Omeprazole as a risk factor for campylobacter gastroenteritis: case-control study.
AU Neal K R; Scott H M; Slack R C B; Logan R F A
CS Univ.Nottingham
LO Nottingham, U.K.

SO Br.Med.J. (312, No. 7028, 414-15, 1996) 1 Tab. 5 Ref.
CODEN: BMJOAE ISSN: 0959-8138
AV Department of Public Health Medicine, University of Nottingham, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, England.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 96-09294 DRUGU M E S
AB A case-control study retrospectively assessed whether gastric antisecretory drugs, antibiotics, and abdominal surgery were associated with campylobacter infection in 211 cases. Data on previous surgical operations; prescriptions for H2 antagonists, proton pump inhibitors, antibiotics, hydroxocobalamin, and corticosteroids; and regular precriptions and other drugs used before infection were used. Omeprazole **treatment** in the month before infection was associated with an increased risk of campylobacter infection. The association with H2 antagonists was not significant. Antibiotics were associated with a slight risk. It was concluded that proton pump inhibitors lead to a increased risk of campylobacter infections, an effect not seen with H2 antagonists or previous gastric surgery. This can be explained by differences in acid supprression and the pH sensitivity of campylobacter.

ABEX 211 Cases (123 women, aged 45 yr or over) of campylobacter infection, were identified. Data on previous surgical operations; prescriptions for H2 antagonists, proton pump inhibitors, antibiotics, hydroxocobalamin, and corticosteroids; and regular precriptions and other drugs used before infection were extracted from records. The study had 80% power to detect a 2.5-fold risk, given that 4% of the general population was exposed. Omeprazole **treatment** in the month before infection was associated with a 10-fold increased risk of campylobacter infection. This was independently significant only for current use. The association with H2 antagonists was not significant after omeprazole use was controlled for. Antibiotic **treatment** in the 2 to 12 mth before infection was associated with a relative risk of 2. No associations were seen with previous gastric or colonic surgery, pernicious anemia, corticosteroids, use of other drugs, or the number of regular prescriptions. Analyses of subgroups by age (over 65, under 65) and sex showed the same associations. (DAC)

L12 ANSWER 15 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 96-10033 DRUGU M T S
TI Azithromycin for the cure of helicobacter pylori infection patients.
AU Mario F Di; Dal Bo N; Grassi S A; Rugge M; Cassaro M; Donisi P M; Vianello F; Kusstatscher S; Salandin S; Grasso G A; Ferrana M;

Battaglia G
CS Univ.Padua
LO Padua, It.
SO Am.J.Gastroenterol. (91, No. 2, 264-67, 1996) 3 Tab. 25 Ref.
CODEN: AJGAAR ISSN: 0002-9270
AV Cattedra Malattie Apparato Digerente, Via Giustiniani 2, 35128 Padova, Italy.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 96-10033 DRUGU M T S
AB The aim of the study was to establish whether azithromycin plus metronidazole in association with either omeprazole or bismuth subcitrate (de-nol) was useful in curing Helicobacter pylori infection of the stomach in 132 dyspeptic patients. 11 Patients dropped out of the study, only 1 reporting side effects (nausea, vomiting, and epigastric pain). There was no difference between the 2 **treatment** groups in cure rate, which was over 50% in both. Side effects abdominal pain, glossitis, erythema, nausea, vomiting, cutaneous rash, confusion, headache and epigastric pain were recorded. Cured patients showed a reduction in the activity of gastritis. It was concluded that with azithromycin, combined with omeprazole and metronidazole, the cure rate of H. pylori was about 70%. The cure of H. pylori infection improves the activity of gastritis.

ABEX Methods 132 Dyspeptic patients who were H. pylori **infected** were studied. 63 Received bismuth subcitrate (120 mg q.i.d. for 14 days) plus azithromycin (500 mg/day for the first 3 days) plus metronidazole (250 mg q.i.d. for the first 7 days) (Group A, 37 male aged 26-73 yr, mean 52); 69 patients received omeprazole (40 mg for 14 days) plus azithromycin (500 mg/day for the first 3 days) plus metronidazole (250 mg q.i.d for the first 7 days) (Group B, 34 male, aged 25-76 yr, mean 55 yr). Results 11 Patients dropped out of the study, only 1 reporting side effects (nausea, vomiting, and epigastric pain). 2 Mth after the **treatment**, 80/121 patients were free of H. pylori **infection**, with no differences between the 2 groups; group A 58.9% and group B 72.3%. During the study, 9 adverse events (abdominal pain, glossitis, erythema, nausea, vomiting, cutaneous rash, confusion, headache, epigastric pain) were recorded in 7 patients (3 in group A and 4 in group B). From a histological viewpoint overall 95.5% of the patients had H. pylori-associated active antral gastritis at the start of the trial. The antral gastritis was superficial in 26% of cases, deep in 63%, and more or less atrophic-metaplastic in 11%, whereas the oxyntic mucosa revealed substantially only superficial gastritis, with no cases of atrophic-metaplastic lesions and only 5% of deep gastritis. In those who were cured of **infection**, biopsies showed

remission of gastric activity in antral and oxyntic mucosa. Among the patients still **infected** with H. pylori, the histological picture remained **virtually** unchanged. (DAC)

L12 ANSWER 16 OF 30 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 95-403831 [51] WPIDS
DNC C95-173410
TI **Treating viral infection** such as herpes **infections** - by admin. of sulphur contg. hydrogen/potassium or ATPase inhibitor.
DC B02
IN BECKER, D P; FLYNN, D L; LI, H; MOORMANN, A E; VILLAMIL, C I
PA (SEAR) SEARLE & CO G D
CYC 64
PI WO 9529897 A1 951109 (9551)* EN 213 pp
RW: AT BE CH DE DK ES FR GB GR IE IT KE LU MC MW NL OA PT SD SE SZ UG
W: AM AT AU BB BG BR BY CA CH CN CZ DE DK EE ES FI GB GE HU IS JP KE KG KP KR KZ LK LR LT LU LV MD MG MN MW MX NO NZ PL PT RO RU SD SE SG SI SK TJ TM TT UA US UZ VN
AU 9523950 A 951129 (9609)
ADT WO 9529897 A1 WO 95-US5021 950501; AU 9523950 A AU 95-23950 950501
FDT AU 9523950 A Based on WO 9529897
PRAI US 94-235619 940429
AN 95-403831 [51] WPIDS
AB WO 9529897 A UPAB: 951221
Treating viral infection comprises admin. of a sulphur contg. **H+/K+/ATPase inhibitor** (I) and opt. a **viral** protease (VP).
Also claimed is use of cpds. of formula (I').
R1 = alkoxy, alkoxycarbonyl, dialkylamino, aryl or heteroaryl (all opt. substd. by Q), Q = alkoxy, aminoalkoxy (opt. N substd. by alkyl, cycloalkyl o aralkyl), OH, CN, NO2, alkyl, halo, etc.; R2 = heteroaryl opt. substd. by alkoxy, amino, CN, NO2, OH, alkyl, cycloalkyl, halo, etc.; R3-R6 = H, alkyl, aryl or aralkyl, or R3+R4 or R5+R6 = cycloalkyl; m, n, p = 0-2, provided that when R1 = Ph, the R2 is not pyridyl or 1-(beta-D-ribofuranosyl) benzimidazole when m = 0 or 2.
USE - The cpds. are used to **treat viral infections** partic. caused by herpetoviridae esp. herpes simplex **viruses** 1 and 2, cytomegalovirus, herpes varicella-zoster, Epstein-Barr, HHV 6, HHV 7, pseudorabies and rhinotracheitis **viruses**.
Dwg.0/0

L12 ANSWER 17 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 95-37454 DRUGU M T S
TI Behavior of acid secretion, gastrin release, serum pepsinogen I, and gastric emptying of liquids over six months from eradication of

Helicobacter pylori in duodenal ulcer patients. A controlled study.

AU Parente F; Maconi G; Sangaletti O; Minguzzi M; Vago L; Bianchi Porro G

LO Milan, It.

SO Gut (37, No. 2, 210-15, 1995) 3 Fig. 1 Tab. 34 Ref.
CODEN: GUTTAK ISSN: 0017-5749

AV Gastrointestinal Unit, Ospedale L Sacco, Via GB Grassi, 74, I-20157 Milan, Italy. (G.B.P.).

LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 95-37454 DRUGU M T S

AB Eradication of Helicobacter pylori by **treatment** with lansoprazole (LZ), amoxicillin (AM) and tinidazole (TZ) was associated with a fall in serum pepsinogen I and plasma gastrin compared with pre-**treatment** levels and patients with persistent H. pylori in a randomized study in 28 patients with duodenal ulcer. 1 Patient withdrew from LZ, AM + TZ due to a side-effect (skin rash). Fasting serum pepsinogen and gastrin response to a meal was reduced 3 mth after eradication, whereas fasting serum gastrin and maximum acid output in response to s.c. pentagastrin (Pentavalon, ICI) fell 6 mth after eradication. Patients with persistent H pylori infection, did not show these changes. There were no changes in the gastric emptying of liquids in either group.

ABEX Methods 28 Outpatients (16 men) with H. pylori-positive duodenal ulcer, previously untreated apart from antacids, received LZ (30 mg/day) for 1 mth, with or without concurrent AM (1 g, t.i.d.) and TZ (500 mg, b.i.d.) for 2 wk. Acid secretion was measured after pentagastrin (6.0 ug/kg) and gastric emptying via an enzyme immunoassay of acetaminophen after an acetaminophen containing meal. Results 18/28 Patients received LZ plus AM and TZ and 10 LZ alone. All but 1 patient complied with **treatment**, 1 on LZ, AM + TZ defaulted because of a diffuse skin rash. The ulcers healed in all cases but H. pylori was successfully eradicated in only 14/17 patients on triple **therapy** (none on LZ alone). 11 H. pylori-free patients (5 men, mean age 37.3 yr) and 8 patients with persistent H. pylori (5 men, mean age 43.4 yr) entered the follow-up study. The mean gastritis score fell from 1.7 to 0.1 in H. pylori-free patients at 3 mth but was 1.5 before and 1.1 and 1.3 3 and 6 mth after healing in other patients. In H. pylori cured patients peak and integrated gastrin response to a meal fell 3 mth after eradication, fasting gastrin and maximal acid output at 6 mth, whereas these changes did not occur in patients with persistent **infection**. Gastric emptying of liquids was **virtually** unchanged. (JE)

L12 ANSWER 18 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 95-36098 DRUGU M T E
TI Esophageal ulceration in Human Immunodeficiency **Virus infection**. Causes, responses to **therapy**, and long-term outcome.
AU Wilcox C M; Schwartz D A; Clark W S
CS Univ.Emory
LO Atlanta, Ga., USA
SO Ann.Intern.Med. (123, No. 2, 143-49, 1995) 2 Fig. 2 Tab. 34 Ref.
CODEN: AIMEAS ISSN: 0003-4819
AV University of Alabama at Birmingham, Department of Medicine, Division of Gastroenterology and Hepatology, University of Alabama Birmingham Station, Birmingham, AL 35294-0007, U.S.A.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 95-36098 DRUGU M T E
AB In 100 HIV-infected patients esophageal ulceration (EU) was caused by either CMV and/or HSV or was either idiopathic (IEU) or resulted from gastroesophageal reflex (GER). EU due to CMV alone was **treated** successfully with either i.v. ganciclovir (GA) or foscarnet (FO) whereas that due to CMV and HSV responded-to GA combined with i.v. and p.o. acyclovir (AC) or to FO or AC alone. HSV EU responded to AC. IEU was **treated** successfully with p.o. prednisone (PN). GER EU responded well to omeprazole (OM). Candida infections were **treated** with fluconazole or ketoconazole. Overall survival times from EU diagnosis were poor and inversely related to CD4 lymphocyte counts. Specific **therapies** for EU in HIV can be implemented after diagnosis with a high response rate.
ABEX Methods Over 4 yr, 100 patients (mean age 35+/-7 yr) with endoscopically confirmed EU (duration 1-11 wk) with AIDS symptoms (duration 1-21 wk) were clinically diagnosed. CMV EU was **treated** with GA (5 mg/kg, b.i.d. for 10-21 days) or FO (60 mg/kg, t.i.d. for 14-21 days). HSV EU was **treated** with AC (15 mg/kg/day, i.v. then 200 mg 5-times daily for 14-21 days). EU due to CMV and HSV was **treated** with either (GA + AC), FO or AC. IEU was **treated** with PN (40 mg/day for 2 wk or tapering to 10 mg/wk). GER EU was **treated** with OM (20-40 mg/day). Results Clinical and endoscopic responses were obtained in 79% of 34 CMV EU patients given GA and 67% of 3 CMV EU subjects given FO. 100% Clinical and endoscopic response occurred in 4 combined CMV and HSV EU patients given (GA + AC) (n = 2), FO or AC. All 4 HSV subjects responded to AC alone. 97% Of 35 IEU subjects **treated** with PN showed good clinical and endoscopic response and all 4 GER EU patients responded to OM. Overall median survival was 8.9 mth but was less (7.4 mth) in those with CD4 counts below 15 cell/cu.mm than in those with higher

counts (12.4 mth). (S62/JC)

L12 ANSWER 19 OF 30 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 95-036080 [05] WPIDS
DNC C95-016127
TI Use of new and natural phenolic cpds. - for inhibiting the action of Ca 2 +-ATPase enzymes partic. for **treatment** or prophylaxis of cardiovascular disease.
DC B05
IN DUKE, C C; LI, Q; ROUFOGALIS, B D
PA (UNSY) UNIV SYDNEY
CYC 53
PI WO 9428886 A1 941222 (9505)* EN 108 pp
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL OA PT SE
W: AT AU BB BG BR BY CA CH CN CZ DE DK ES FI GB GE HU JP KG KP KR KZ LK LU LV MD MG MN MW NL NO NZ PL PT RO RU SD SE SI SK TT UA US UZ VN
AU 9468390 A 950103 (9522)
NO 9504479 A 960202 (9614)
FI 9505786 A 960129 (9615)
EP 703780 A1 960403 (9618) EN
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
BR 9406747 A 960402 (9620)
CZ 9503187 A3 960612 (9631)
HU 74174 T 961128 (9712)
JP 09502163 W 970304 (9719) 171 pp
SK 9501479 A3 970409 (9727)
CN 1124922 A 960619 (9748)
US 5741821 A 980421 (9823) 30 pp
AU 694428 B 980723 (9841)
ADT WO 9428886 A1 WO 94-AU297 940603; AU 9468390 A AU 94-68390 940603; NO 9504479 A WO 94-AU297 940603, NO 95-4479 951108; FI 9505786 A WO 94-AU297 940603, FI 95-5786 951201; EP 703780 A1 EP 94-916850 940603, WO 94-AU297 940603; BR 9406747 A BR 94-6747 940603, WO 94-AU297 940603; CZ 9503187 A3 CZ 95-3187 940603; HU 74174 T WO 94-AU297 940603, HU 95-3441 940603; JP 09502163 W WO 94-AU297 940603, JP 95-501103 940603; SK 9501479 A3 WO 94-AU297 940603, SK 95-1479 940603; CN 1124922 A CN 94-192317 940603; US 5741821 A WO 94-AU297 940603, US 95-553714 951130; AU 694428 B AU 94-68390 940603
FDT AU 9468390 A Based on WO 9428886; EP 703780 A1 Based on WO 9428886; BR 9406747 A Based on WO 9428886; HU 74174 T Based on WO 9428886; JP 09502163 W Based on WO 9428886; US 5741821 A Based on WO 9428886; AU 694428 B Previous Publ. AU 9468390, Based on WO 9428886
PRAI AU 93-9181 930603
AN 95-036080 [05] WPIDS
AB WO 9428886 A UPAB: 950207
The use of phenolic cpds. of formula (I) and their derivs. Where, Ar = aromatic ring system comprising one or more opt. substd. phenyl rings; the ring system comprises 1-4 phenyl rings and Ar can be

linked to another Ar via a gp. X; X = opt. substd. 1-20C alkylene, 2-20C alkenylene, etc.; R1 = H; opt. substd. 1-12C alkyl, 2-12C alkenyl or 2-12C alkynoyl, COOR', NR'R'; R' = H; alkyl, alkenyl or alkynyl, each opt. substd. with CONR''R'', SR'', SO2R'', NO2 or CN; R'' = H, alkyl, alkenyl or alkynyl; n = 1-3; m = 1-4.

USE - (I)-(VI) show **inhibitory** activity against plasma membrane Ca2+-**ATPase**. They can be used for the **treatment** or prophylaxis of chronic heart failure, angina, hypertension or arrhythmia. They may also be useful for the **treatment** of ulcers (peptic ulcers) through **H+, K+-ATPase inhibition** or may act as depigmentation, antidiabetic, antithrombotic, antiarteriosclerotic, antioxidant, anticancer, antiinflammatory or **antiviral** agents.

The cpds. can be administered as tablets contg. e.g. 1-50 mg of active constituent.

Dwg.9/9

L12 ANSWER 20 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-38092 DRUGU T M
TI 24-Hour gastric pH pattern in patients with H. pylori associated peptic ulcer disease **treated** with omeprazole 20 mg BID or 40 mg BID.
AU Labenz J; Jorias I; Sollboehmer M; Peitz U; Stolte M; Boersch G
LO Essen, Germany,West
SO Am.J.Gastroenterol. (89, No. 8, 1376, 1994)
CODEN: AJGAAR ISSN: 0002-9270
AV Department of Internal Medicine, Elisabeth Hospital, Essen, Germany.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 94-38092 DRUGU T M
AB Medium- and high-dose omeprazole (OME) + amoxicillin (AMO) cure H. pylori **infection**, but there are no data available to decide whether or not doubling the dose of OME provides any benefit. There was **virtually** no change in gastric pH after doubling OME dosage in patients with duodenal ulcers. In patients with gastric ulcers there was a slight increase in gastric pH after doubling OME dosage. This change is probably irrelevant from the clinical point of view with regard to the 24 hr gastric pH patterns. (conference abstract).
ABEX Methods 50 Patients suffering from H. pylori associated duodenal (n = 25) or gastric ulcer disease (n = 25) were randomly **treated** with either OME 20 mg b.i.d. (n = 25) or 40 mg b.i.d. (n = 25). After 1 wk of **treatment**, a 24 hr gastric pH measurement was performed in all patients (Ingold glass electrode 5 cm below the cardia). Results Patients with

duodenal ulcer disease **treated** with 40 mg or 80 mg OME demonstrated similar gastric pH patterns without statistically significant differences with regard to the mean (5.10 vs. 5.17) and median pH (5.35 vs. 5.30) as well as to the percentage of time spent below distinctive pH thresholds. Patients suffering from gastric ulcers respond somewhat better to the higher OME dose as compared to the 40 mg OME regimen reaching statistical significance (mean pH: 5.04 vs. 5.74; median pH: 5.30 vs. 5.95; percentage-time spent below pH 2, 3, 4, and 5, respectively). (TOB)

L12 ANSWER 21 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-38041 DRUGU T P S
TI Omeprazole decreased formation of monoethylglycinexylidide in a patient with chronic active hepatitis.
AU Campo N; Alvarez S; Borzone S; Caglieris S; Zentilin P; Testa R
CS Univ.Genoa
LO Genoa, Italy
SO Am.J.Gastroenterol. (89, No. 8, 1271-72, 1994) 1 Tab. 3 Ref.
CODEN: AJGAAR ISSN: 0002-9270
AV Gastroenterology Section, Department of Internal Medicine, University of Genoa, Genoa, Italy.
LA English
DT Journal
FA AB; LA; CT; MPC
FS Literature
AN 94-38041 DRUGU T P S
AB The Authors report in a letter the pharmacokinetics in a patient with chronic hepatitis C on long-term **therapy** with omeprazole (OME) for reflux esophagitis. After 3 mth of OME, an abnormal ALT value and positive antibody for hepatitis C virus (HCV) were identified. The Authors measured monoethylglycinexylidide (MEGX) formation, a lidocaine metabolite, after i.v. lidocaine bolus. MEGX formation showed decreased values, whereas indocyanine green (ICG) half-life was normal. OME was replaced with roxatidine. After 4 mth, despite a further increase in ALT, the ICG half-life remained in the normal range and MEGX formation was normal. The change in MEGX formation indicates inhibition of mixed function oxidase by OME.
ABEX The Authors report pharmacokinetics in a 22-yr-old male with chronic hepatitis C on long-term **therapy** with OME (20 mg daily) since March 1991 for reflux esophagitis (Savary-Miller II grade). 3 Mth after the start of OME **therapy**, an ALT value and positive antibody for HCV were identified. The ALT values during the subsequent 20 mth of follow-up (still on OME) ranged about 2 times the normal value, and in November 1992, a liver biopsy identified chronic active hepatitis compatible with HCV infection. At this time, they measured MEGX formation, a lidocaine metabolite formed via oxidative N-deethylation by the hepatic cytochrome P450 system and ICG kinetics. Plasma samples

for MEGX were drawn at 15, 30, and 60 min after i.v. lidocaine bolus (1 mg/kg), and MEGX was measured by TDX fluorescent polarization immunoassay. The MEGX formation showed decreased values, whereas ICG half-life was normal. OME was stopped and **therapy** with H2-blockers (roxatidine) 150 mg daily was started. After 4 mth, they repeated the MEGX and ICG tests. Despite a further increase in ALT, the ICG half-life remained in the normal range and MEGX formation was normal. (SAB)

L12 ANSWER 22 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-26655 DRUGU T S
TI Effect of omeprazole and sucralfate on prepyloric gastric ulcer. A double blind comparative trial and one year follow up.
AU Sorensen H T; Rasmussen H H; Balslev I; Boesby S; Bone J; Kruse A
CS Univ.Copenhagen; Univ.Aarhus
LO Aalborg, Copenhagen, Aarhus, Denmark
SO Gut (35, No. 6, 837-40, 1994)
CODEN: GUTTAK ISSN: 0017-5749
AV Department of Medical Gastroenterology, Aalborg Hospital, South, 9100 Aalborg, Denmark. (H.H.R., 7 authors).
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 94-26655 DRUGU T S
AB P.o. omeprazole (40 mg once daily) was more effective than p.o. sucralfate (2 g b.i.d.) in producing ulcer healing in a randomized, double-blind, placebo-controlled, multicenter study in 104 patients with prepyloric gastric ulcer. After 2 wk of **treatment**, omeprazole was more effective than sucralfate in relieving daytime and nocturnal epigastric pain, nausea and heartburn. Unexpected symptoms in the omeprazole group included transient headaches, dizziness, diarrhea and constipation. In the sucralfate group, unexpected symptoms included nausea and influenza. A follow-up study carried out in 95 of the 104 patients 12 mth after **treatment** was stopped indicated that more patients in the omeprazole group were in remission than sucralfate-**treated** patients.
ABEX Methods 104 Patients with prepyloric gastric ulcer were randomized to receive omeprazole (40 mg once daily; n = 52, 20 male, aged 19-78 yr, mean age 57.8 yr) or sucralfate (2 g b.i.d., n = 52, 22 male, aged 20-79 yr, mean 52.8 yr). **Treatment** was continued for 2-6 wk (until endoscopic healing occurred). Results Ulcer healing rates after 2, 4 and 6 wk of **treatment** were higher in the omeprazole group (49%, 83% and 90%, respectively) than in the sucralfate **treated** patients (23%, 59% and 70%, respectively). After 15 days of **treatment**, omeprazole was more effective than sucralfate in relieving epigastric pain, nausea and heartburn. Daytime and

nocturnal epigastric pain occurred in 7/47 and 5/34 patients in the omeprazole group and 23/44 and 13/35 in the sucralfate group, respectively. Regurgitation occurred in 1/18 in the omeprazole group and 6/21 in the sucralfate group. Nausea and heartburn occurred in 0/23 and 2/27, respectively, in the omeprazole group and 9/20 and 11/24 in the sucralfate group, respectively. In many cases, laboratory values were abnormal, but this could not be related to **treatment**. 3 Patients in the omeprazole group reported headaches, 1 dizziness, 1 diarrhea and 2 constipation. 1 Patient in the sucralfate group reported nausea and 1 influenza. A follow-up study was carried out 12 mth after **treatment** was discontinued in 51 omeprazole and 44 sucralfate patients. The proportion of patients with ulcer relapse was 64% in the sucralfate group and 42% in the omeprazole group. The respective percentages were 46% and 35% when only patients who had healed ulcers at the end of active **treatment** were considered. (AS)

L12 ANSWER 23 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-25570 DRUGU M T S
TI Cytomegalovirus in the etiology of bleeding stomach ulcers. Emergency endoscopy in a 70-yr-old patient of undetermined HIV-status.
AU Meuthen I; Hummerich W; Kuntsmann G; Kirsch L; Salzberger B; Schrappe M
LO Cologne, Holweide, Germany,West
SO Internist (35, No. 5, 480-83, 1994) 3 Fig. 18 Ref.
CODEN: INTEAG ISSN: 0020-9554
AV Medizinische Klinik, Staedtisches Krankenhaus Koeln-Holweide Neufelder Strasse 32, D-51058 Koeln-Holweide, Germany.
LA German
DT Journal
FA AB; LA; CT
FS Literature
AN 94-25570 DRUGU M T S
AB A case of CMV-associated stomach ulcer **treated** with foscarnet, ganciclovir and i.v. omeprazole in an HIV-1-positive woman with infections with Pneumocystis carinii pneumonia, candidiasis of the esophagus, cerebral toxoplasmosis and GI-infection with intracellular Mycobact. avium is reported. Foscarnet was associated with alkalosis, and ganciclovir with marrow toxicity. The patient received cute or short-term **treatments** by endoscopic adrenaline + polidocanol ulcer-injection, pyrimethamine + clindamycin, fluconazole, ethambutol + rifampicin + ciprofloxacin, trimethoprim + sulfamethoxazole, and folic acid were used. The patient died within 7 days of detection with Mycobact. avium.
ABEX A 70-yr-old woman presented with acute bleeding from a ventricular ulcer. The ulcer was successfully **treated** by endoscopic injection of the ulcer with adrenaline and 1%

polidocanol, but gastric carcinoma with either diffuse metastases in the right lobe of the liver or malign non-Hodgkin lymphoma was diagnosed. Repeat gastroscopy after 4 days of **treatment** with omeprazole showed no change in the stomach. CT revealed diffuse infiltration of the right lobe of the liver with enlargement of para-aortal lymph nodes suggesting primary liver cell carcinoma. Examination of ulcer biopsies revealed cytomegalovirus, C. albicans was detected in the esophagus, and P. carinii was found in the sputum. At this stage the diagnosis was HIV-1 infection with stomach ulcer due to CMV, P. carinii pneumonia, candidiasis of the esophagus, cerebral toxoplasmosis and GI-infection with intracellular Mycobact. avium. **Treatment** was with foscarnet (90 mg/kg, b.i.d.), but this was changed to ganciclovir (10 mg/kg/day) after development of renal salt loss with metabolic alkalosis. Later ganciclovir was stopped because of bone marrow toxicity. Ulcer **therapy** was with omeprazole (40 mg, b.i.d., i.v.). Toxoplasmosis was **treated** with pyrimethamine (75 mg/day) + clindamycin (1800 mg/day), mycosis was **treated** with fluconazole (200 mg/day decreasing to 100 mg/day), Mycobact. avium was **treated** with ethambutol (1200 mg/day) + rifampicin (600 mg/day) + ciprofloxacin (400 mg/day), and P. carinii-pneumonia was **treated** with trimethoprim (20 mg/day) + sulfamethoxazole (100 mg/day). Additional **treatment** was with folic acid (30 mg/day). The patient died 7 days after diagnosis of infection with Mycobact. avium. (S67/JE) (Zytomegalievirus in der aetiologie des blutenden magenulkus. Notfallendoskopie bei einer 70 jaehrigen patientin mit unbekanntem HIV-status.)

L12 ANSWER 24 OF 30 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 94107307 EMBASE
TI Anti-ulcer drugs: Current developments and future predictions.
AU Garner A.; Bastaki S.M.A.; Hasan M.Y.
CS Dept. of Pharmacology/Therapeutics, Faculty of Medicine/Health Sciences, UAE University, P.O. Box 1766, Al Ain, United Arab Emirates
SO INT. PHARM. J., (1994) 8/1 (17-21).
ISSN: 1010-0423 CODEN: IPHJEN
CY Netherlands
DT Journal
FS 048 Gastroenterology
037 Drug Literature Index
LA English
SL English; French; German
AB Histamine H2 receptor antagonists have been the number one best-selling drugs in the world for more than a decade. However, the dominance of this particular class of gastric anti-secretory agent in the **therapy** of peptic ulcer and associated diseases is being challenged by proton pump **inhibitors**. The latter

drugs are more effective **inhibitors** of acid secretion by **virtue** of their ability to specifically block the parietal cell **H/K-ATPase** enzyme responsible for formation of HCl. Indeed, by analogy with anti-hypertensive **therapy**, enzyme **inhibitors** could eventually displace receptor antagonists as the mast valuable product segment in the anti-ulcer market. Whether a third major cycle of innovative anti-ulcer drugs will supersede H2 receptor antagonists and proton pump **inhibitors** is more difficult to predict given the efficacy of current agents, the requirement for pharmaceutical companies to focus drug development in areas of clinical need such as inflammatory bowel disease and colon cancer, and a decline in the incidence of ulcer disease itself. A drug to eradicate Helicobacter pylori represents the most attractive option for developing the next generation of anti-ulcer agents. A major initiative to discover a novel drug would be justified if evidence implicating H.pylori **infection** as a cause of cancer of the stomach was substantiated and such **therapy** was demonstrated to prevent both peptic ulcer and gastric cancer.

L12 ANSWER 25 OF 30 PROMT COPYRIGHT 1998 IAC

AN 94:514153 PROMT
TI Drug Development DAPHNODORINS INHIBIT HIV-1 REPLICATION
SO AIDS Weekly, (24 Oct 1994) pp. N/A.
ISSN: 1069-1456.
LA English
WC 382
FULL TEXT IS AVAILABLE IN THE ALL FORMAT
AB Daphnodorins appear to exert anti-HIV-1 activity through inhibition of early events of viral replication, according to a report from Japan.

"In traditional Chinese medicine, the roots of Daphne odora THUNB have been used to **treat** stomach ache, bruises and venomous snake bits, and the leaves have been used to **treat** abscesses and neuralgic pain," researcher Keisuke Yusa and colleagues wrote in the September 1994 issue of **Antiviral** Research.

"Three flavans, daphnodorin A, daphnodorin B and daphnodorin C, isolated from the root and the bark of Daphne odora THUNB, **inhibit** gastric **H+, K+ -ATPase** and acid secretion, and have antifungal activities against Pyricularia oryzae. In this study, we found that daphnodorins possessed anti -HIV-1 activities." The authors tested the three flavans for their abilities to **inhibit** HIV-1 replication in MT-4 cells.

The effective concentrations (EC50) of daphnodorins A, B and C against HIV-1 -induced compounds showed inhibitory effects of p24 antigen in human peripheral blood lymphocytes.

Searcher : Shears 308-4994

"As compared with ddC-TP, daphnodorin A and daphnodorin C had relatively weak inhibitory effects on the reverse transcriptase of HIV-1, while daphnodorin B did not show any inhibitory effect at concentrations up to 1000 mg/ml," Yusa et al. wrote.
"These three compounds showed marked inhibitory effects on syncytium formation between HIV-1(IIIB)-infected and uninfected MOLT-4 (clone 8) cells at 3-30 mg/ml without inducing cytotoxicity."
The concentrations of the compounds blocking syncytium formation were consistent with the effective concentrations (EC50) against HIV-induced cytolysis of MT-4 cells.
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L12 ANSWER 26 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 93-49148 DRUGU M T
TI Recurrent CMV Gastric Ulcer with Perforation in a Heart Transplant Patient Despite Endoscopic Evidence of Healing on Ganciclovir.
AU Slusser S O; Ouyang A; Boehmer J P
LO Hershey, Pennsylvania, United States
SO Am.J.Gastroenterol. (88, No. 9, 1630, 1993) 1 Tab.
CODEN: AJGAAR ISSN: 0002-9270
AV The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey, PA, U.S.A.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 93-49148 DRUGU M T
AB CMV ulcers have been described in patients undergoing heart transplantation and may present with perforation. It is reported that ganciclovir (GA) failed to prevent gastric ulcer recurrence in an elderly CMV positive patient. Famotidine and aspirin were given after the patient's heart transplant. This case is unique in that despite maximal **therapy** (GA and omeprazole) and apparent improvement endoscopically and on biopsy, the patient perforated another ulcer. The development of a GA-resistant CMV strain may explain the outcome. This case re-emphasizes the need for vigilance in the post-transplant patient with GI complaints. (congress abstract).
ABEX A 62 yr-old CMV positive male underwent orthotopic heart transplantation with a CMV positive donor heart. He was discharged on immunosuppressives, famotidine and aspirin. 6 Wk later he presented with abdominal pain and evidence of free air on abdominal X-rays. Laparotomy revealed a perforated fundic ulcer. CMV inclusions were seen on pathology. The patient received a 6 wk course of GA after which endoscopy showed 1 gastric nodule and pathology tests revealed that he was CMV negative. Famotidine was switched to omeprazole. Despite continued **therapy** with GA the patient developed another perforated gastric ulcer. (CG)

L12 ANSWER 27 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 91-33671 DRUGU T M
TI Omeprazole Decreases the Number of Helicobacter Pylori and Concomitant Inflammation in Patients with Helicobacter-Associated Gastritis.
AU Velduyzen van Zanten S J O, Miarczynski D; Hunt R H; Riddell R H
LO Hamilton, Ontario, Canada
SO Gastroenterology (100, No. 5, Pt. 2, A847, 1991)
CODEN: GASTAB ISSN: 0016-5085
AV Department of Pathology, McMaster University Medical Centre, Hamilton, ON, Canada.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 91-33671 DRUGU T M
AB A retrospective survey of 8 patients with Helicobacter pylori (Hp) associated gastritis demonstrated that omeprazole decreased the number of Hp and concomitant inflammation. Although preliminary, these findings suggest that omeprazole may have a role in the initial reduction in the numbers of organisms in patients in whom their abolition is considered desirable. However, it may need to be combined with other antibacterial agents as the organisms is probably not completely eliminated. (congress abstract).
ABEX Omeprazole is an effective drug in the **treatment** of gastroduodenal ulceration because of its ability to **virtually** abolish gastric acid secretion by **inhibiting H+/K+ ATPase** and therefore the proton pump in parietal cells. However, most patients with gastritis or ulcer disease also have Hp **infection**, but there is little data regarding a possible effect of Omeprazole on Hp. The Authors carried out a preliminary retrospective survey in 8 patients receiving omeprazole who were also known to have Hp **infection** prior to **treatment**. Omeprazole was given as 0.04 g/day for between 4 and 38 wk, but no other **therapy** was given at this time. Pre and post **treatment** gastric antral biopsies were blinded and examined by 2 pathologists with regard to the number of Hp (range 0-3), numbers of neutrophils (0-3), mononuclear cells (0-3), the amount of mucin depletion (0-3). In 5/8 patients no organisms were identified in the post **treatment** biopsy, in 2 they were reduced in number and in 1 patient they were unchanged. Acute inflammation was reduced in 5/8 (3 being in the group in whom Hp were not identified), and in the other 3 it was unchanged. Chronic inflammation was reduced in 3 and unchanged in 5. In 3 patients Hp was re-identified in subsequent biopsies. (Y10/NLV)

L12 ANSWER 28 OF 30 MEDLINE
Searcher : Shears 308-4994

AN 90216435 MEDLINE
DN 90216435
TI Pumilacidin, a complex of new **antiviral** antibiotics. Production, isolation, chemical properties, structure and biological activity.
AU Naruse N; Tenmyo O; Kobaru S; Kamei H; Miyaki T; Konishi M; Oki T
CS Bristol-Myers Research Institute, Ltd., Tokyo Research Center, Japan..
SO JOURNAL OF ANTIBIOTICS, (1990 Mar) 43 (3) 267-80. Journal code: HCF. ISSN: 0021-8820.
CY Japan
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 199007
AB New antibiotic pumilacidins A, B, C, D, E, F and G were isolated from the culture broth of a strain of Bacillus pumilus. They are cyclic acylheptapeptide composed of a beta-hydroxy fatty acid, two L-leucine, two D-leucine, L-glutamic acid, L-aspartic acid and L-isoleucine (or L-valine). Pumilacidin components were **inhibitory** to herpes simplex virus type 1 and **H+, K(+)-ATPase** and demonstrated antiulcer activity in rat.

L12 ANSWER 29 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 90-04182 DRUGU P T S
TI **Therapeutic** Focus: Omeprazole.
AU Gazzard B G
LO London, United Kingdom
SO Br.J.Clin.Pract. (43, No. 11, 408-11, 1989) 3 Fig. 10 Ref. CODEN: BJCPAT ISSN: 0007-0947
AV Westminster Hospital, London, England.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 90-04182 DRUGU P T S
AB Omeprazole is reviewed with reference to its inhibitory effect on gastric acid secretion, the pharmacodynamics of omeprazole-inhibition of histamine-, pentagastrin- or peptone-stimulated acid secretion, toxic effects including induction of mucosal hyperplasia and carcinoid tumors in animals, and clinical usage in the short-term **treatment** of peptic, duodenal and gastric ulcers, Zollinger-Ellison- syndrome and reflux esophagitis. Some effects of omeprazole are compared with ranitidine.
ABEX Omeprazole is a benzimidazole derivative which **inhibits** pumping of hydrogen ions into the stomach by the **H+/K+ ATPase**. It acts at the final stage of acid

secretion so that the acid-stimulating effects of pentagastrin, peptone and histamine are all **inhibited** by omeprazole. In animal studies omeprazole has not been shown to have physiological effects other than **inhibition** of acid secretion, but chronic administration has been found to cause carcinoid gastric tumors in rats, and to increase gastric mucosal thickness in rats and dogs. Omeprazole-induced hypergastrinemia is longer lasting than that caused by ranitidine, and high doses of omeprazole increase proliferation of gastric mucosal endocrine cells before the later increase in plasma gastrin.In patients **treatment** with omeprazole for 4 to 5 yr there is no evidence of carcinogenesis or increased density of ECL cells. Studies in volunteers have shown that omeprazole increases growth of intra-gastric bacteria in an effect that is reversed after 3 days. In clinical studies omeprazole has been used successfully in relieving pain in patients with peptic ulcers, and may be useful against peptic and gastric ulcers. Omeprazole also decreases acid secretion in patients with Zollinger-Ellison syndrome, but also causes G-cell hyperplasia and increases ECL cell density in some of these patients. Omeprazole is very effective in short-term **therapy** of reflux esophagitis, but relapses often follows when omeprazole is stopped. (S67/CT)

L12 ANSWER 30 OF 30 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 89-07594 DRUGU T M
TI Are We Making Progress in the Drug **Treatment** of Oesophageal Disease. (Question.).
AU Deakin M; Temple J G
LO Birmingham, United Kingdom
SO J.Clin.Pharm.Ther. (13, No. 6, 365-74, 1988) 60 Ref.
CODEN: JCPTED ISSN: 0269-4727
AV Queen Elizabeth Hospital, Queen Elizabeth Medical School, Birmingham, England.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 89-07594 DRUGU T M
AB Pharmacotherapy of esophageal disease is reviewed with emphasis on gastroesophageal reflux, esophageal motility disorders and esophageal infections (the latter particularly in immunocompromised patients). Drugs considered included antacids, alginate, cimetidine, ranitidine, famotidine, nizatidine, omeprazole, metoclopramide, domperidone, bethanechol, cisapride, sucralfate, isosorbide dinitrate, nifedipine, diltiazem, nystatin, methylcellulose, carboxymethylcellulose, ketoconazole, amphotericin, 5-flucytosine, aciclovir and ganciclovir.
ABEX The pathophysiology of gastroesophageal reflux is discussed and implications for **therapy** considered. Reducing

intragastric acidity by use of antacids is of limited value although superior results have been obtained with combinations of antacids with alginate. H2 receptor antagonists have revolutionized the **treatment** of acid-related disorders of the upper GI tract, but they have been least effective in the control of reflux. Cimetidine and ranitidine can lead to rapid symptomatic improvement in reflux, but significant numbers of patients are refractory. Between 53-67% cases respond to cimetidine (400 mg q.i.d.) and 38-54% to ranitidine (150 mg b.i.d.). Newer H2 antagonists (famotidine and nizatidine) are unlikely to be more effective. Better healing rates have been achieved with the parietal cell **H+,K+-ATPase inhibitor**, omeprazole (85-91% at 40-60 mg once daily). It is superior to the H2 antagonists because it produces 24-hr anacidity, but this may predispose patients to gastric carcinoma. Increasing gastroesophageal motility with metoclopramide, domperidone, bethanechol, and cisapride may be of value. Patients refractory to H2 antagonists may improve with mucosal protectants such as sucralfate. Esophageal motility disorders (including achalasia, diffuse esophageal spasm, the nutcracker esophagus and the hypertensive lower esophageal sphincter) respond to nitrates, calcium antagonists and cisapride. Nystatin (+/- methylcellulose or carboxymethyl cellulose), ketoconazole, amphotericin and flucytosine may be used in candidal esophagitis, aciclovir in herpes simplex esophagitis and ganciclovir in CMV esophagitis. (E54/RSV)

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Searcher : Shears 308-4994

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                4+)"/CN OR "SULFUR (S1+)"/CN OR "SULFUR (S10)"/CN OR
                "SULFUR (S11)"/CN OR "SULFUR (S12)"/CN OR "SULFUR
                (S13)"/CN OR "SULFUR (S14)"/CN OR "SULFUR (S15)"/CN OR
                "SULFUR (S16)"/CN OR "SULFUR (S17)"/CN OR "SULFUR
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                "SULFUR (S2+)"/CN OR "SULFUR (S20)"/CN OR "SULFUR
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                "SULFUR (S23)"/CN OR "SULFUR (S24)"/CN OR "SULFUR
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                "SULFUR (S5)"/CN OR "SULFUR (S6)"/CN OR "SULFUR (S7)"/CN
                OR "SULFUR (S8)"/CN OR "SULFUR (S82+)"/CN OR "SULFUR
                (S9)"/CN)

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L1            1 SEA FILE=REGISTRY ABB=ON  PLU=ON  "H+/K+-ATPASE .BETA.-SU
                BUNIT (CHICKEN STOMACH)"/CN
L5         1252 SEA FILE=CAPLUS ABB=ON  PLU=ON  L1 OR ("H+"(W)"K+")(S)ATP
                ASE
L13          31 SEA FILE=REGISTRY ABB=ON  PLU=ON  (SULFUR/CN OR "SULFUR
                (32S1+)"/CN OR "SULFUR (34S1+)"/CN OR "SULFUR (ION
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                "SULFUR (S11)"/CN OR "SULFUR (S12)"/CN OR "SULFUR
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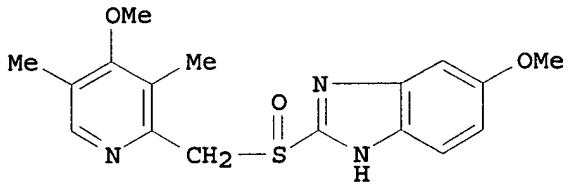
                (S18)"/CN OR "SULFUR (S19)"/CN OR "SULFUR (S2)"/CN OR
                "SULFUR (S2+)"/CN OR "SULFUR (S20)"/CN OR "SULFUR
                (S21+)"/CN OR "SULFUR (S21-)"/CN OR "SULFUR (S22)"/CN OR
                "SULFUR (S23)"/CN OR "SULFUR (S24)"/CN OR "SULFUR
                (S25)"/CN OR "SULFUR (S3)"/CN OR "SULFUR (S4)"/CN OR
                "SULFUR (S5)"/CN OR "SULFUR (S6)"/CN OR "SULFUR (S7)"/CN
                OR "SULFUR (S8)"/CN OR "SULFUR (S82+)"/CN OR "SULFUR
                (S9)"/CN)
L14             5 SEA FILE=CAPLUS ABB=ON  PLU=ON  L5 AND (L13 OR SULPHUR
                  OR SULFUR)

=> s l14 not l9

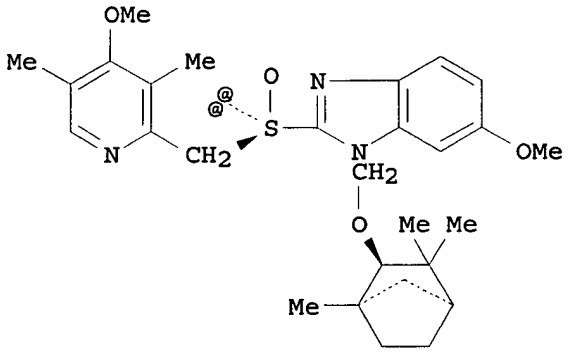
L15             4 L14 NOT L9

=> d 1-4 .bevstr


L15  ANSWER 1 OF 4  CAPLUS  COPYRIGHT 1998 ACS
AN   1997:466340  CAPLUS
DN   127:176377
TI   Stereochemical assignment of the enantiomers of omeprazole by x-ray
     analysis of a (fenchyloxy)methyl derivative of (+)-(R)-omeprazole
AU   von Unge, Sverker; Langer, Vratislav; Sjolin, Lennart
CS   Dep. Medicinal Chem., Astra Hassle AB, Moelndal, S-431 83, Swed.
SO   Tetrahedron: Asymmetry (1997), 8(12), 1967-1970
     CODEN: TASYE3; ISSN: 0957-4166
PB   Elsevier
DT   Journal
LA   English
GI
```



I



II

AB The abs. configurations of the enantiomers of the **H+**, **K+-ATPase** inhibitor omeprazole (I) have been detd. by an x-ray crystallog. study of a deriv. of (+)-(R)-I. The examd. compd. (II) was synthesized from enantiomerically pure (1R-endo)-2-(chloromethoxy)-1,3,3-trimethylbicyclo[2.2.1]heptane and enantiomerically pure (+)-(R)-I. Finally, enantiomerically, diastereomerically and regioisomerically pure II was converted back to (+)-(R)-I in order to verify that no stereomutation had occurred on **sulfur** during the synthesis of II.

L15 ANSWER 2 OF 4 CAPLUS COPYRIGHT 1998 ACS
AN 1992:645320 CAPLUS
DN 117:245320
TI Electrochemistry of omeprazole, active metabolites and a bound enzyme model. Possible involvement of electron transfer in anti-ulcer action
AU Ames, James R.; Kovacic, Peter
CS Dep. Chem., Univ. Michigan, Flint, MI, 48502, USA
SO Bioelectrochem. Bioenerg. (1992), 28(3), 443-50
CODEN: BEBEBP; ISSN: 0302-4598
DT Journal
LA English
AB Electrochem. studies were performed with omeprazole, its active metabolites, and a bound enzyme model (sulfenamide metabolite bound to ATPase). The active metabolites, cyclic sulfenamide and a **sulfur** radical, exhibited redn. potentials of -0.3 and -0.2, V resp. The value for the bound enzyme model was -0.7 V and that

for omeprazole was > -1.4 V. Electron transfer may be involved in the mode of action of omeprazole in addn. to (**H+/K+**)-**ATPase** inhibition.

L15 ANSWER 3 OF 4 CAPLUS COPYRIGHT 1998 ACS
AN 1991:471360 CAPLUS
DN 115:71360
TI The synthesis and chemistry of 5-carboxy-8-mercaptoquinoline hydrochloride monohydrate: an intermediate in the synthesis of novel **H+,K+-ATPase** inhibitors
AU Zawistoski, Michael P.
CS Cent. Res. Div., Pfizer Inc., Groton, CT, 06340, USA
SO J. Heterocycl. Chem. (1991), 28(3), 657-65
CODEN: JHTCAD; ISSN: 0022-152X
DT Journal
LA English
OS CASREACT 115:71360
AB The title compd. was prepd. in six steps from 5-nitro-8-hydroxyquinoline in 14% overall yield, using a substituted pyrimidine as a protecting group for **sulfur**. This offers a simple entry into the synthesis of 5-carboxy-8-substituted thioquinolines, useful intermediates for the synthesis of **H+,K+-ATPase** inhibitors.

L15 ANSWER 4 OF 4 CAPLUS COPYRIGHT 1998 ACS
AN 1990:1497 CAPLUS
DN 112:1497
TI Rhizobium meliloti fixGHI sequence predicts involvement of a specific cation pump in symbiotic nitrogen fixation
AU Kahn, Daniel; David, Michel; Domergue, Odile; Daveran, Marie Line; Ghai, Jyotsna; Hirsch, Penelope R.; Batut, Jacques
CS Lab. Biol. Mol. Relat. Plantes-Microorg., INRA, Castanet-Tolosan, F31326, Fr.
SO J. Bacteriol. (1989), 171(2), 929-39
CODEN: JOBAAY; ISSN: 0021-9193
DT Journal
LA English
AB Genetic and structural analyses of a fix operon conserved among rhizobia, fixGHI from R. meliloti, are presented. The nucleotide sequence of the operon suggests it may contain a fourth gene, fixS. Adjacent open reading frames of this operon showed an overlap between TGA stop codons and ATG start codons in the form of an ATGA motif suggestive of translational coupling. All 4 predicted gene products contained probable transmembrane sequences. FixG contained 2 cysteine clusters typical of iron-**sulfur** centers and is predicted to be involved in a redox process. FixI was homologous with P-type **ATPases**, particularly with K+ pumps from Escherichia coli and Streptococcus faecalis but also with eukaryotic Ca2+, Na+/K+, **H+/K+**, and H+ pumps, which implies

that FixI is a pump of a specific cation involved in symbiotic nitrogen fixation. Since prototrophic growth of fixI mutants was unimpaired, the predicted FixI cation pump probably has a specifically symbiotic function. The four proteins FixG, FixH, FixI, and FixS may participate in a membrane-bound complex coupling the FixI cation pump with a redox process catalyzed by FixG.

=> d his l16-; d 1-5 bib abs

(FILE 'USPATFULL' ENTERED AT 13:51:09 ON 23 OCT 1998)
L16 7 S L14
L17 5 S L16 NOT L10

L17 ANSWER 1 OF 5 USPATFULL
AN 95:13897 USPATFULL
TI Alleviating stomach ulcers in swine
IN Baile, Clifton A., Chesterfield, MO, United States
Buonomo, Frances C., Glencoe, MO, United States
McLaughlin, Carol L., Chesterfield, MO, United States
Vineyard, Billy D., St. Louis, MO, United States
PA Monsanto Company, St. Louis, MO, United States (U.S. corporation)
PI US 5389664 950214
AI US 94-223377 940405 (8)
RLI Continuation of Ser. No. US 92-910863, filed on 8 Jul 1992, now abandoned
DT Utility
EXNAM Primary Examiner: Cintins, Marianne M.; Assistant Examiner: Weddington, K.
LREP Beck, George R.; Pond, Gary M.
CLMN Number of Claims: 19
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 498
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Alleviation of stomach ulcers in swine which are being administered exogenous somatotropin, by administering to the swine a benzimidazole compound selected from heterocyclylalkyl(sulfinyl or thio)benzimidazoles and [benzimidazolyl(sulfinyl or thio)alkyl]anilines.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L17 ANSWER 2 OF 5 USPATFULL
AN 92:97028 USPATFULL
TI Pyridinium salt and pharmacological composition containing the same

IN Souda, Shigeru, Ibaraki, Japan
Miyazawa, Shuhei, Ibaraki, Japan
Ueda, Norihiro, Ibaraki, Japan
Tagami, Katsuya, Ibaraki, Japan
Nomoto, Seiichiro, Ibaraki, Japan
Okita, Makoto, Ibaraki, Japan
Shimomura, Naoyuki, Ibaraki, Japan
Kaneko, Toshihiko, Ibaraki, Japan
Fujimoto, Masatoshi, Ibaraki, Japan
Murakami, Manabu, Ibaraki, Japan
Oketani, Kiyoshi, Ibaraki, Japan
Fujisaki, Hideaki, Ibaraki, Japan
Shibata, Hisashi, Ibaraki, Japan
Wakabayashi, Tsuneo, Ibaraki, Japan
PA Esai Co., Ltd., Tokyo, Japan (non-U.S. corporation)
PI US 5162317 921110
WO 8910927 891116
AI US 89-445664 891205 (7)
WO 89-JP482 890511
891205 PCT 371 date
891205 PCT 102(e) date
PRAI JP 88-115494 880512
JP 88-115495 880512
DT Utility
EXNAM Primary Examiner: Shah, Mukund J.; Assistant Examiner: Grumbling, Matthew V.
LREP Nixon & Vanderhye
CLMN Number of Claims: 6
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 653
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A pyridinium salt useful as an antiulcer agent, defined by formula (I) is disclosed. It includes a sulphenamide compound and a pyridinium compound. J is benzimidazole, K is --S-- or --SSR-- and Z is hydroxy or alkoxy. ##STR1##

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L17 ANSWER 3 OF 5 USPATFULL
AN 91:75714 USPATFULL
TI Substituted 4-aminoquinazoline derivatives and method of use
IN Ife, Robert J., Stevenage, England
Brown, Thomas H., Tewin, England
Leach, Colin A., Stevenage, England
PA SmithKline Beckman Intercredit B.V., Rotterdam, Netherlands (non-U.S. corporation)
PI US 5049567 910917
AI US 91-638950 910109 (7)

RLI Division of Ser. No. US 89-315368, filed on 23 Feb 1989, now patented, Pat. No. US 5006535
DT Utility
EXNAM Primary Examiner: Fan, Jane T.; Assistant Examiner: Covington, Raymond
LREP Dinner, Dara L.; Venetianer, Stephen; Lentz, Edward T.
CLMN Number of Claims: 10
ECL Exemplary Claim: 1,8
DRWN No Drawings
LN.CNT 437
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Substituted 4-aminoquinazoline derivatives which are inhibitors of gastric acid secretion. A compound of the invention is ethyl 8-methoxy-4-(4-methyl-3-thinenylamino)quinoline-3-carboxylate.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L17 ANSWER 4 OF 5 USPATFULL
AN 91:32458 USPATFULL
TI Tricyclic compounds and TXA.sub.2 antagonistic compositions thereof
IN Oshima, Etsuo, Shizuoka, Japan
Obase, Hiroyuki, Mishima, Japan
Karasawa, Akira, Shizuoka, Japan
Kubo, Kazuhiro, Shizuoka, Japan
Miki, Ichiro, Tokyo, Japan
Ishii, Akio, Shizuoka, Japan
PA Kyowa Hakko Kogyo Co., Ltd., Tokyo, Japan (non-U.S. corporation)
PI US 5010087 910423
AI US 89-381330 890718 (7)
RLI Division of Ser. No. US 88-255485, filed on 11 Oct 1988, now patented, Pat. No. US 4882351
PRAI JP 87-259145 871014
DT Utility
EXNAM Primary Examiner: Brust, Joseph Paul; Assistant Examiner: Haley, Jacqueline
LREP Fitzpatrick, Cella, Harper & Scinto
CLMN Number of Claims: 10
ECL Exemplary Claim: 1,10
DRWN No Drawings
LN.CNT 3733
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel tricyclic compounds having a TXA.sub.2 -antagonizing activity represented by formula (I): ##STR1## which strongly antagonize an action of thromboxane A.sub.2 and are expected to have preventive and therapeutic effects on ischemica diseases, cerebro-vascular diseases, etc.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L17 ANSWER 5 OF 5 USPATFULL
AN 91:28601 USPATFULL
TI Substituted heterocylic 4-aminoquinoline derivatives as gastric acid secretion inhibitors
IN Ife, Robert J., Stevenage, England
Brown, Thomas H., Tewin, England
Leach, Colin A., Stevenage, England
PA Smith Kline & French Laboratories Ltd., Welwyn Garden City, United Kingdom (non-U.S. corporation)
PI US 5006535 910409
AI US 89-315368 890223 (7)
PRAI GB 88-4447 880225
DT Utility
EXNAM Primary Examiner: Shah, Mukund J.; Assistant Examiner: Ward, E. C.
LREP Dinner, Dara L.; Williams, Janice E.; Lentz, Edward T.
CLMN Number of Claims: 13
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 463
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Substituted 4-aminoquinazoline derivatives which are inhibitors of gastric acid secretion. A compound of the invention is ethyl 8-methoxy-4-(4-methyl-3-thienyl-amino)quinoline-3-carboxylate.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

=> d his l18-; d 1-15 bib abs

(FILE 'BIOSIS, MEDLINE, EMBASE, LIFESCI, BIOTECHDS, WPIDS, CONFSCI, DISSABS, SCISEARCH, JICST-EPLUS, PROMT, DRUGU, DRUGNL, DRUGLAUNCH, DRUGB, TOXLIT, TOXLINE' ENTERED AT 13:51:49 ON 23 OCT 1998)
L18 51 S L14
L19 50 S L18 NOT L11
L20 42 DUP REM L19 (8 DUPLICATES REMOVED)
L21 0 S L20 AND (ANTIVIR? OR VIRAL? OR VIRUS?)
L22 15 S L20 AND (TREAT? OR THERAP?)

L22 ANSWER 1 OF 15 BIOSIS COPYRIGHT 1998 BIOSIS
AN 87:356949 BIOSIS
DN BA84:54352
TI GASTRIC ANTISECRETORY ACTIVITY OF CYCLOHEXIMIDE DUE TO INHIBITION OF PROTEIN SYNTHESIS.
AU IM W B; DAVIS J P; BLAKEMAN D P; SACHS G; ROBERT A
CS DIABETES GASTROINTESTINAL, DISEASES RES., UPJOHN CO., KALAMAZOO, MICH. 49001, USA.

Searcher : Shears 308-4994

SO BIOCHIM BIOPHYS ACTA 899 (2). 1987. 285-294. CODEN: BBACAQ ISSN: 0006-3002
LA English
AB **Treatment** of rats with cycloheximide 1 h before carbachol dose-dependently reduced the secretagogue-stimulated gastric acid secretion in pylorus ligated rats, and partially blocked carbachol- or histamine-induced activation of rat gastric (**H+ + K+**)-**ATPase** which includes translocation of reserve intracellular (**H+ + K+**)-**ATPase** into the apical membrane of the parietal cells and induction of a KCl pathway. Time-course studies showed that the drug was effective only when administered at least 30 min before the secretagogues. Puromycin showed the same effect as cycloheximide. Pulse labelling studies with [35S]methionine led to identification of two most actively synthesized polypeptides in rat gastric mucosa; the proteins of 38,000 and 14,000 molecular weight. The larger polypeptide was identified as rat pepsinogen. The identity of the smaller protein is not known yet. We suggest that synthesis of nascent polypeptide(s) is required for cetain steps of the acid secretory process leading to the activation of the acid pump.

L22 ANSWER 2 OF 15 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 96027725 EMBASE
TI In vivo trafficking of nascent **H+-K+-ATPase** in rabbit parietal cells.
AU Crothers Jr. J.M.; Chow D.C.; Scalley M.L.; Forte J.G.
CS 241 Life Sciences Addition, Univ. of California, MCB LSA ASU, Berkeley, CA 94720-3200, United States
SO American Journal of Physiology - Gastrointestinal and Liver Physiology, (1995) 269/6 32-6 (G883-G891).
ISSN: 0193-1857 CODEN: APGPDF
CY United States
DT Journal
FS 002 Physiology
029 Clinical Biochemistry
030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB Protein metabolic labeling in vive was used to determine a time course for trafficking of nascent **H+-K+-adenosinetriphosphatase** (**H+K+-ATPase**) from endoplasmic reticulum (ER) to mature tubulovesicles in parietal cells. Stomachs of cimetidine-**treated** rabbits were taken 15-90 min after injection of [35S]methionine/cysteine, and mucosal microsomes were fractionated on sucrose gradients for analysis by sodium dodecyl sulfate-polyacrylamide gel electrophoresis, Western blot, and autoradiography. After 15 min, labeled .alpha.- subunit peaked at .apprx.1.14 g/ml, matching the

distribution of the high-mannose .beta.-subunit precursor, 'pre-.beta..' After 30 min, most labeled .alpha.-subunit was in a peak at .apprx.1.10 g/ml, considered to be Golgi. By 90 min, most labeled .alpha.- subunit was in a light peak, at .apprx.1.07 g/ml, aligned with the major peak of total **H+-K+-ATPase** previously characterized as mature tubulovesicles. From material enriched in pre-.beta., .alpha.-subunit was coprecipitated with pre-.beta. by a terminal mannose-specific lectin, Galanthus nivalis agglutinin, in the same ratio as the mature .alpha.:.beta. ratio. Thus .alpha.- and .beta.-subunits associated early in the ER. This is the first use of protein metabolic labeling to study early trafficking of the **H+-K+-ATPase** in vivo. The techniques may be usefully applied to examining changes in **H+-K+-ATPase** synthetic rate in response to various pharmacological **treatments** and studying the divergent pathways for nascent **H+-K+-** and Na+-K+-**ATPases**.

L22 ANSWER 3 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 97-395351 [37] WPIDS
CR 88-148794 [22]; 95-187193 [25]
DNC C97-127119
TI Benzo-hetero-bi cyclic **sulphur** containing pyridine derivatives - useful as gastric acid secretion inhibitors.
DC B02
IN FUJIMOTO, M; FUJISAKI, H; KANEKO, T; MIYAZAWA, S; MURAKAMI, M; NOMOTO, S; OKETANI, K; OKITA, M; SHIBATA, H; SHIMOMURA, N; SOUDA, S; TAGAMI, K; UEDA, N; WAKABAYASHI, T
PA (EISA) EISAI CO LTD
CYC 13
PI EP 786461 A1 970730 (9737)* EN 104 pp
R: AT BE CH DE ES FR GB GR IT LI LU NL SE
ADT EP 786461 A1 Div ex EP 87-116797 871113, EP 97-105924 871113, Div ex EP 91-117132 911008
PRAI JP 87-77784 870331; JP 86-270536 861113; JP 87-21989 870202
AN 97-395351 [37] WPIDS
CR 88-148794 [22]; 95-187193 [25]
AB EP 786461 A UPAB: 970915
Pyridine derivatives of formula (I) and their salts are new: R1,R2 = H, 1-6C alkyl, 1-6C alkoxy, halogenated 1-6C alkyl, (1-6C alkoxy)carbonyl, carboxyl or halo; X = O, S or NR3; R3 = H, 1-6C alkyl, Ph, benzyl or (1-6C alkoxy)carbonyl; Z = O-(CH2)qR5, O-(CH2)r-O-(CH2)s-O-R6 or a group of formula (a)-(c); R5 = halo, (1-6C alkoxy)carbonyl, aryl or heteroaryl; R6 = H or 1-6C alkyl; q = 1-3; r, s = 1-5; A = 1-6C alkyl, (1-6C alkoxy)carbonylmethyl, pyridyl, furyl or a group of formula (d) or (e). B = NH, O or S; R7 = H, 1-6C alkyl or 1-6C alkoxy or halo; w = 0 or 1; t = 0-2; R8 = acetoxy or 1-6C alkyl; n = 0-2; m = 2-10; and J, K = H or 1-6C alkyl.

USE - (I) are inhibitors of **H+K+-ATPase** which reduce secretion of gastric acid which are more potent than the currently most promising similar agent, Omeprazole. Reduction of gastric acid secretion provides a novel approach to the **treatment** of peptic ulcers which constitute the most common affliction of the gastric-intestinal tract in humans.

Adminstration is oral or parenteral. Dosage is 0.01-200, preferably 0.1-10 mg/kg/day.

Dwg.0/0

L22 ANSWER 4 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-305077 [38] WPIDS
DNC C94-141638
TI New aminoalkoxy-imino substd. phenyl-alkene derivs. - useful as inhibitors of gastric secretion and the proton pump, cytoprotectants and anxiolytics.
DC B03 B05
IN BAJNOGEL, J; BLASKO, G; BUDAI, Z; EGYED, A; FEKETE, M; GACSALYI, I; GYERTYAN, I; MEZEI, T; REITER, K; SCHMIDT, E; SIMIG, G; SZEMEREDI, K; SZIRT, E; BAJINOGEL, J; SIMIG, C; REITER, J; SZIRTNE, K E; MEZEL, T
PA (EGYE) EGIS GYOGYSZERGYAR; (EGYE) EGIS GYOGYSZERGYAR RT
CYC 21
PI GB 2276880 A 941012 (9438)* 70 pp
EP 619299 A2 941012 (9439) EN 48 pp
R: AT BE CH DE DK ES FR GR IT LI NL SE
CA 2121003 A 941010 (9502)
FI 9401666 A 941010 (9502)
CZ 9400839 A3 941215 (9507)
ZA 9402299 A 950125 (9511) 69 pp
HU 67313 T 950328 (9518)
JP 07070035 A 950314 (9519) 41 pp
US 5486528 A 960123 (9610) 15 pp
EP 619299 A3 960306 (9624)
GB 2276880 B 970423 (9720)
CN 1100716 A 950329 (9723)
HU 213421 B 970630 (9807)
ADT GB 2276880 A GB 94-7151 940411; EP 619299 A2 EP 94-105517 940411; CA 2121003 A CA 94-2121003 940411; FI 9401666 A FI 94-1666 940411; CZ 9400839 A3 CZ 94-839 940411; ZA 9402299 A ZA 94-2299 940331; HU 67313 T HU 93-1040 930409; JP 07070035 A JP 94-72307 940411; US 5486528 A US 94-226089 940411; EP 619299 A3 EP 94-105517 940411; GB 2276880 B GB 94-7151 940411; CN 1100716 A CN 94-103927 940409; HU 213421 B HU 93-1040 930409
FDT HU 213421 B Previous Publ. HU 67313
PRAI HU 93-1040 930409
AN 94-305077 [38] WPIDS
AB GB 2276880 A UPAB: 950927
Aminoalkoxy-imines of formula (I), their stereoisomers, optical

isomers (or mixts.), acid addn. salts or quat. ammonium derivs. are new. Ar = R1, R2-phenyl; R1 and R2 = H, halo or 1-4C alkoxy, or together are 3,4-methylenedioxy; R = 1-8C alkyl; R3 = H, 1-4C alkyl or OH; A = bond or CH2; R4 and R5 = H, 1-12C alkyl, 2-12C alkenyl or 3-6C cycloalkyl; or together complete a 4-7 membered ring opt. contg. an O, S or second N atom (opt. substd. by phenyl, benzyl or 1-4C alkyl).

USE/ADVANTAGE - (I) inhibit gastric acid secretion and gastric **H+K+-ATPase** (the proton pump), and also have a cytoprotective action (against ethanol-induced erosion of the gastric mucosa) independent of inhibitory properties. They are used to **treat** hyperacidity (gastric or duodenal ulcers), injury to the gastric mucosa caused by anti-inflammatories and alcoholism-related gastric disorders. (I) also have anxiolytic activity, e.g. for **treating** fear, general anxiety and post-traumatic stress. (I are of low toxicity e.g. intraperitoneal LD50 in mice is usually 100 mg/kg or more. When used as anxiolytics they are not sedative, do not reduce spontaneous motor activity and some cpds., at high doses, have a slight antipsychotic action. Dose of 1-300 mg/kg orally.

Dwg.0/0

ABEQ US 5486528 A UPAB: 960308

A basic ether of the formula (I), wherein R1 and R2 are independently hydrogen, halogen or C1-4 alkoxy, or together they represent a 3,4-methylenedioxy group,

R stands for C1-8 alkyl, R3 represents hydrogen, C1-4 alkyl or hydroxy, A is a valency bond or methylene group,

R4 and R5 are independently hydrogen, C1-12 alkyl or C1-12 alkenyl, or R4 and R5 form together with the adjacent nitrogen atom 1-pyrrolidinyl, 1-piperidinyl, morpholino or 1-piperazinyl groups, its stereo and optically active isomer or racemic mixture, acid-addition or quaternary ammonium salt thereof.

Dwg.0/0

ABEQ GB 2276880 B UPAB: 970516

Novel basic ethers of general formula (I), wherein R1 and R2 are independently hydrogen, halogen or C1-4 alkoxy, or together they represent a 3,4-methylenedioxy group, R stands for C1-8 alkyl, or hydrogen atom, R3 represents hydrogen, C1-4 alkyl or hydroxy, A is a valency bond or a methylene group, R4 and R5 are independently hydrogen, C_-12 alkyl or C2-12 alkenyl or C3-6 cycloalkyl or R4 and R5 form together with the adjacent nitrogen atom a 4- and 7-membered ring optionally comprising an oxygen, **sulphur** or a further nitrogen atom, which latter may carry a phenyl, benzyl or C1-4 alkyl substituent, stereo and optically active isomers and their possible mixtures, acid-addition salts and quaternary ammonium derivatives thereof.

Dwg.0/0

L22 ANSWER 5 OF 15 JICST-EPlus COPYRIGHT 1998 JST

AN 980248277 JICST-EPlus
TI Evaluation of combined antibiotic-omeprazole **therapies** in Helicobacter pylori-infected Mongolian gerbils.
AU KUSUHARA H; HIRAYAMA F; MATSUYUKI H; HISADOME M; IKEDA Y
CS Yoshitomi Pharmaceutical Ind., Ltd., Fukuoka, JPN
SO J Gastroenterol, (1998) vol. 33, no. 1, pp. 14-17. Journal Code: Z0748A (Fig. 2, Tbl. 1, Ref. 12)
ISSN: 0944-1174
CY Japan
DT Journal; Article
LA English
STA New
AB Mongolian gerbils are a laboratory host for gastric colonization with Helicobacter pylori, showing gastritis followed by typical gastric ulcer after infection with H. pylori. In such gerbils, we evaluated combined **therapies** of amoxicillin (AMPC) and clarithromycin (CAM) as antibiotics, and omeprazole (OPZ) as a **H+/K+** adenosine triphosphatase (**ATPase**) inhibitor. The gerbils were orally inoculated with 2*108 bacilli of H. pylori ATCC 43504. Four weeks after inoculation, the infected gerbils were orally **treated** singly with OPZ, AMPC, and CAM, and their insufficient efficacy on bacterial clearance was confirmed by a polymerase chain reaction technique, and by a culture method. In contrast, combined **therapy** of OPZ plus either AMPC or CAM showed significant bacterial clearance, demonstrating the efficacy of this combined **therapy** in the gerbil model. Mongolian gerbils are suggested to be useful for the pharmacological evaluation of anti-H. pylori compounds. (author abst.)

L22 ANSWER 6 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 960771191 JICST-EPlus
TI In pursuit of Helicobacter pylori. **Treatment** of peptic ulcer disease-pH and Hp.
AU KUWAYAMA HAJIME; SHIJO TOSHIE; FUKUYO MITSUAKI; CHISHIMA KOKO; SHIMOYAMA NAOTO; FUJINO TOMOKO; KITAZAWA KANAME; KAWAUCHI KIYOTAKA; MORI HARUKI
CS Tokyo Women's Medical College, Second Hospital
SO Shokaki Naishikyo (Endoscopia Digestiva), (1996) vol. 8, no. 5, pp. 655-660. Journal Code: L2208A (Fig. 4, Tbl. 3, Ref. 17)
ISSN: 0915-3217
CY Japan
DT Journal; General Review
LA Japanese
STA New

L22 ANSWER 7 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 950240079 JICST-EPlus
TI Antisecretory and Antiulcer Effects of YM020, a New **H+, K+-ATPase** Inhibitor, in Rats and Dogs.

AU YUKI H; KAMATO T; NISHIDA A; OHTA M; SHIKAMA H; YANAGISAWA I; MIYATA K

CS Yamanouchi Pharmaceutical Co., Ltd., Ibaraki, JPN

SO Jpn J Pharmacol, (1995) vol. 67, no. 1, pp. 59-67. Journal Code: G0813A (Fig. 12, Tbl. 1, Ref. 22)
CODEN: JJPAAZ; ISSN: 0021-5198

CY Japan

DT Journal; Article

LA English

STA New

AB We examined the effects of YM020(3-cyanomethyl-2-methyl-8-(3-methyl-2-butenyl)oxy -imidazo 1,2-a pyridine), a novel **H+,K+-ATPase** inhibitor, on gastric acid serection and experimental gastroduodenal lesions in rats and dogs. Intraduodenal, subcutaneous and oral YM020 inhibited basal gastric acid secretion in pylorus-ligated rats with ED50 values of 9.1,9.1 and 9.5mg/kg, respectively. Oral pretreatment with YM020 5hr before ligation still suppressed acid secretion, with a potency a little less than that of omeprazole. In anesthetized dogs, intravenous YM020 inhibited histamine-, methacholine- and pentagastrin-induced gastric acid secretion with ED50 values of 0.05,0.01 and 0.08mg/kg, respectively. In Heidenhain pouch dogs, although oral YM020(3mg/kg) inhibited histamine-induced acid secretion, acid output returned to control levels faster than in dogs **treated** with omeprazole. Oral YM020 inhibited for-mation of water-immersion restraint stress-, indomethacin-, absolute ethanol-, 0.7N hydrochloric acid- and cysteamine-induced gastric or duodenal lesions with ED50 values of 2.9,4.3,2.0,11.7 and 8.4mg/kg, respectively. Moreover, subcutaneous YM020 also suppressed the formation of ethanol- and HCl-induced gastric lesions. These results suggest that YM020 has an antisecretory effect almost the same as or 2 to 3 times weaker than those of omeprazole and that its duration is not as long as that of omeprazole in rats and dogs. Furthermore, YM020 possesses a cytoprotective effect and the mechanism of YM020 may be different to that of omeprazole. (author abst.)

L22 ANSWER 8 OF 15 JICST-EPlus COPYRIGHT 1998 JST

AN 940432960 JICST-EPlus

TI Special issue : Origin and **treatment** of gastric and duodenal ulcers.PPI and H2 blocker.

AU UKAI YOSHIHIRO; MIWA TSUYOSHI

CS Tokai Univ., Sch. of Med.

SO Rinsho to Kenkyu (Japanese Journal of Clinical and Experimental Medicine), (1994) vol. 71, no. 4, pp. 919-926. Journal Code: Z0376B (Fig. 8, Tbl. 2, Ref. 31)
ISSN: 0021-4965

CY Japan

DT Journal; General Review

LA Japanese

STA New

L22 ANSWER 9 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 930532160 JICST-EPlus
TI Regulation of Rat Gastric **H+/K+-ATPase** mRNA by Histamine.
AU TARI AKIRA; YAMAMOTO GOSO; TAKEHARA YOSHIHIKO; SUMII MASAHARU; SADAMOTO YOSHIMI; INOUE KAZUHIKO; FUKINO YOICHI; KAJIYAMA GORO; HO W
CS Hiroshima Univ., School of Medicine
SO Ther Res, (1993) vol. 14, no. Suppl 1, pp. S.11-S.15. Journal Code: Y0681A (Fig. 1, Tbl. 1, Ref. 17)
ISSN: 0289-8020
CY Japan
DT Journal; Short Communication
LA Japanese
STA New
AB Famotidine is a potent H2 receptor antagonist that prevents morphological transition of the parietal cell to an active stage. In rats **treated** with histamine (15 .MU. mol/kg/h, 1 h), serum gastrin levels did not change significantly but **H+/K+-ATPase** .ALPHA.-subunit mRNA levels were significantly increased. In rats **treated** with single-dose famotidine (100 mg/kg) and histamine (15 .MU. mol/kg/h, 1 h), both intragastric pH levels and serum gastrin concentrations were elevated significantly but the **H+/K+-ATPase** .ALPHA.-subunit mRNA levels were not altered. These data indicate that the famotidine **treatment** following histamine administration completely suppresses histamine-induced increases in **H+/K+-ATPase** mRNA. The results of this study suggest that histamine may regulate the gene expression of **H+/K+-ATPase** through H2 receptors on the parietal cell and that histamine-induced increase in **H+/K+-ATPase** mRNA may not be mediated by gastrin through gastrin receptors on the parietal cell. (author abst.)

L22 ANSWER 10 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 930057297 JICST-EPlus
TI Feature Subject: Peptic Ulcer **Treatment** from Viewpoint of Pathophysiology and Pharmacology. Gene expression of **H/K+-ATPase** in the **therapy** of peptic ulcer.
AU TARI AKIRA; YAMAMOTO GOSO; SUMII KOJI; KAJIYAMA GORO
CS Hiroshima Univ., School of Medicine
SO Shokakika (Digestive Medicine), (1992) vol. 16, no. 4, pp. 327-336. Journal Code: X0111A (Fig. 9, Ref. 19)
ISSN: 0289-8756
CY Japan
DT Journal; Commentary

LA Japanese
STA New

L22 ANSWER 11 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 900088411 JICST-EPlus
TI Monoclonal antibody HK4001 completely inhibits K+-dependent ATP hydrolysis and H+ transport of hog gastric **H+,K+-ATPase**.
AU ASANO S; TABUCHI Y; TAKEGUCHI N
CS Toyama Medical and Pharmaceutical Univ., Toyama
SO J Biochem, (1989) vol. 106, no. 6, pp. 1074-1079. Journal Code: F0286A (Fig. 5, Tbl. 2, Ref. 33)
CODEN: JOBIAO; ISSN: 0021-924X
CY Japan
DT Journal; Article
LA English
STA New
AB A monoclonal antibody (designated as HK4001) was prepared against hog gastric **H+,K+-ATPase**. It dose-dependently inhibited the **H+,K+-ATPase** activity, formation of the K+-sensitive phosphoenzyme, and proton uptake into gastric vesicles. The **H+,K+-ATPase** activity was completely inhibited by addition of the antibody at a molar ratio of 1:2 (antibody/catalytic subunit) at pH7.8. The maximal inhibition decreased with decrease in pH of the medium (7.8>7.4>6.2). The Fab fragment obtained by digestion of the antibody with papain was also inhibitory. The antibody did not inhibit the K+-dependent p-nitrophenylphosphatase or the labeling of the enzyme with fluorescein isothiocyanate. It inhibited gastric **H+,K+-ATPase** from rabbits and rats, but did not cross-react with related cation-transport **ATPases** (Na+,K+-**ATPase** or Ca2+-**atpase**) or H+-**ATPase** in the multivesicular body. From these and related findings, the antibody was suggested to recognize a highly specific site on the cytosolic surface of **H+,K+-ATPase**. The conformation of the epitope was conserved after **treatment** with Triton X-100, but not sodium dodecyl sulfate. In addition, judging from the stoichiometry of inactivation of **H+,K+-ATPase** by this antibody, the functional unit of **H+,K+-ATPase** was suggested to be a dimer or a tetramer (not a trimer) of the catalytic unit. (author abst.)

L22 ANSWER 12 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 880576789 JICST-EPlus
TI Effects of omeprazole and famotidine on (**H+-K+**) **ATPase** and acid secretion in rabbit gastric glands.
AU TOMOI MASAAKI; ITOH HARUNOBU; UEDA SACHIYO; ONO TAKAHARU; SHIBAYAMA FUMIO

CS Fujisawayakuhinkogyo Kaiken
SO Nippon Yakurigaku Zasshi (Folia Pharmacologica Japonica), (1988) vol. 92, no. 2, pp. 105-111. Journal Code: G0740A (Fig. 6, Tbl. 2, Ref. 29)
CODEN: NYKZAU; ISSN: 0015-5691
CY Japan
DT Journal; Article
LA Japanese
STA New
AB Effects of omeprazole, an anti-ulcer drug, on (**H+-K+**) **ATPase** activity and gastric acid secretion in a gastric mucosal gland preparation from rabbits were investigated. The mode of action of the substance was compared with famotidine, an H2 antagonist, by examining the effects of both drugs on the (**H+-K+**) **ATPase** of the rabbit gastric mucosa and on gastric acid secretion from the isolated rabbit gastric glands. Optimal assay conditions for (**H+-K+**) **ATPase** activity differed slightly from that reported for pig gastric mucosa, and they were pH7.0, 2mM of MgCl2 and 50mM of KCl. Omeprazole dose-dependently inhibited the enzyme activity with an IC50 of 4.2.MU.M, whereas famotidine was not inhibitory even at the highest concentration of 100.MU.M. Acid secretion in the glands was determined by measuring accumulation of 14C-aminopyrine. Omeprazole and famotidine showed almost the same inhibitory effect against histamine-stimulated gastric secretion, and their IC50 values were 0.35.MU.M. Omeprazole inhibited dibutyryl cyclic AMP-stimulated gastric acid secretion, but famotidine was not inhibitory even at the highest concentration of 100.MU.M. The reason for this difference was that (**H+-K+**) **ATPase** activity is linked to the final step of acid secretion. From these results, omeprazole can be expected to be useful for the **treatment** of peptic ulcer disease.(author abst.)

L22 ANSWER 13 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 880525068 JICST-EPlus
TI Effect of an **H+, K+-ATPase** inhibitor, omeprazole(OPZ), on gastric acid secretion and gastric or duodenal lesion. Comparison with an H2-receptor antagonist, famotidine(FMD).
AU HAGA KEIICHIRO; ASANO KIYOSHI; OSUGA KUNIO; MARUYAMA YUTAKA
CS Yoshitomi Pharmaceutical Industries, Ltd., Res. Labs.
SO Nippon Yakurigaku Zasshi (Folia Pharmacologica Japonica), (1988) vol. 92, no. 1, pp. 39-47. Journal Code: G0740A (Fig. 7, Ref. 34)
CODEN: NYKZAU; ISSN: 0015-5691
CY Japan
DT Journal; Article
LA Japanese
STA New
AB In pylorus ligated rats, OPZ inhibited gastric acid secretion

dose-dependently, with a potency greater than that of FMD. At the same time, OPZ increased gastric K+ secretion and inhibited pepsin and Na+ secretions at the highest dose. In Heidenhain pouch dogs, single injection of OPZ inhibited gastric acid secretion induced by histamine to a degree almost equal to that by FMD. In the case of repeated administration, anti-secretory activity of OPZ was enhanced by up to several days and then remained constant. After several days, the inhibitory activity of OPZ was more potent and longer than that of FMD, and it still had not ceased 22hr after administration. In pylorus ligated rats, OPZ prevented gastric ulceration, and the potency was greater than that of FMD. OPZ promoted healing of gastric and duodenal ulcers induced by acetic acid in rats. At the same doses, FMD failed to promote the healing of both ulcers. In water-immersion stressed rats, OPZ prevented formation of gastric erosions, with a potency greater than that of FMD. In addition, OPZ prevented formation of gastric erosions induced by ethanol in rats. These results indicate that the anti-secretory and anti-ulcer activities of OPZ are superior to those of FMD, so that OPZ should have excellent **therapeutic** application for peptic ulcers.(author abst.)

L22 ANSWER 14 OF 15 JICST-EPlus COPYRIGHT 1998 JST
AN 880513515 JICST-EPlus
TI The effect of omeprazole and famotidine on duodenal ulcer - A double-blind comparative study.
AU MIYOSHI AKIMA
YACHI AKIRA
GOTO YOSHIO
MATSUO YUTAKA
TSUNEOKA KENJI
MIWA TAKESHI
NAKAZAWA SABURO
MIYAKE TAKEO
NAKAJIMA MITSUYOSHI
CS Shizuoka Prefect General Hospital
Sapporo Medical College
Tohoku Univ., School of Medicine
Nihon Univ., School of Medicine
Nippon Medical School
Tokai Univ., School of Medicine
Nagoya Univ., School of Medicine
Kyoto Univ., Faculty of Medicine
Hamamatsu Univ. School of Medicine
SO Yakuri to Chiryo (Japanese Pharmacology & Therapeutics), (1988) vol. 16, no. rinzo 3, pp. 563-582. Journal Code: Z0947A (Fig. 1, Tbl. 12, Ref. 14)
ISSN: 0386-3603
CY Japan
DT Journal; Article

LA Japanese
STA New
AB A multi-center double-blind study was conducted to evaluate the efficacy and safety of the **H+/K+-ATPase** inhibitor, omeprazole and H2-receptor antagonist famotidine in 363 patients with duodenal ulcer. Omeprazole was given orally to the patients in a singel dose of 20mg after breakfast. Whereas, famotidine was given 20mg twice a day after breakfast and at bedtime. The endoscopic healing rates of ulcer in 2, 4 and 6 weeks were 56.2, 88.4, 96.7% for omeprazole and 32.6, 71.5, 91.1% for famotidine, respectively. The healing rate on omeprazole was significantly high compared with that on famotidine in 2 and 4 weeks ($p<0.01$). In improvement rating of symptoms, no significant difference was observed between the two groups. Side effects of sleepiness, diarrhoea and fever, decrease in a desire to defecate and numbness of extremities were encountered in 4 of the 174 patients **treated** with omeprazole and heartburn and anorexia (acute mucosal lesion) in one of the 180 patients **treated** with famotidine. No severe biochemical side effect of omeprazole or famotidine was noted. In overall safety rating, no significant difference was found between the two groups. It is concluded that omeprazole 20mg once daily is useful for the **treatment** of duodenal ulcer.(author abst.)

L22 ANSWER 15 OF 15 DRUGU COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 95-46508 DRUGU T
TI Delayed gastric emptying in gastro-esophageal reflux disease (GERD): effect of cisapride in **treatment**-resistent cases.
AU Simon L A; Pasztarak E; Bordy S; Gy T; Salamon A
LO Szekszard, Hung.
SO Gut (37, Suppl. 2, A21, 1995)
CODEN: GUTTAK ISSN: 0017-5749
AV Dept. of Gastroenterology, Tolna County Teaching Hospital, Szekszard, Hungary.
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 95-46508 DRUGU T
AB 37 Patients with gastro-esophageal reflux disease (GERD) were **treated** with a combination of short-term omeprazole (OME) and cisapride (Coordinax; Janssen) in a randomized study. Combination with the prokinetic drug did not increase the **therapeutic** efficacy of OME in GERD patients with normal radioisotope gastric emptying rate (rGEr), but significantly improved the **treatment** results in patients with delayed gastric emptying rate. Results seem to prove that cisapride acts in GERD in 2 ways: increasing the LES pressure and accelerating GEr/3/. (conference abstract).

Searcher : Shears 308-4994

ABEX Methods 37 Patients suffering from GERD (1-3-stage, proven by endoscopy and 24 hr pH-metry) were **treated** by standard dose of OME. In the 3rd wk of the PPI **treatment**, an interim evaluation of the clinical improvement (endoscopy and symptom scoring) was done, and the determination of rGEr was performed in all patients. rGEr was measured using solid meal labeled with 40 mBq 99mTc-**sulphur** colloid, parameters of retention range and emptying-half-time were estimated. Results Delayed gastric emptying rate occurred in 19/37 GERD patients (52.7%). The interim PPI **treatment** efficacy was lower less than 0.5 in the group of patients with delayed rGEr. Considering the results of rGEr investigations the Authors created different further **treatment** subpopulations by randomization: PPI **treatment** was combined in a randomized group of GERD patients with cisapride, 10 mg 3 times daily, and the **therapeutical** efficacy was re-evaluated in the 6th and 12th wk of the study period. Combination with the prokinetic drug did not increase the **therapeutic** efficacy of OME in GERD patients with normal rGEr, but significantly improved the **treatment** results in patients with delayed gastric emptying rate. (AE)

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